

Middlesex

JANUARY GENERAL QUARTER SESSIONS, 1852.

THE
FINAL REPORT OF THE COMMITTEE

APPOINTED TO PROVIDE AN

Additional Pauper Lunatic Asylum,

AND

RESOLUTIONS OF THE COURT.

LONDON :

PRINTED BY J. T. NORRIS, 137 AND 138, ALDERSGATE SFREET.

1852.

List
OF THE COMMITTEE
OF THE
ADDITIONAL LUNATIC ASYLUM,

Appointed January Quarter Sessions, 1851.

BENJAMIN ROTCH, Esq., Chairman.

JAMES BENTLEY, Esq.

THOMAS HENRY BLUCK, Esq.

CHARLES SALISBURY BUTLER, Esq.

EDWARD HENRY CHAPMAN, Esq.

CHARLES HERBERT COTTRELL, Esq.

JAMES WILLIAM FRESHFIELD, Esq., M.P.

RT. HON. LORD ROBERT GROSVENOR, M.P.

THROWER BUCKLE HERRING, Esq.

HENRY MORRIS KEMSHEAD, Esq.

HENRY PENTON, Esq.

HENRY POWNALL, Esq.

HECTOR ROSE, Esq.

JOHN SIMPSON, Esq.

ARTHUR SMITH, Esq.

EDWARD STOCK, Esq.

CHARLES BRADSHAW STUTFIELD, Esq.

HENRY WARNER, Esq.

JOHN WILKS, Esq.

JOSIAH WILSON, Esq.

Middlesex.

TO HER MAJESTY'S JUSTICES OF THE PEACE
FOR THE COUNTY OF MIDDLESEX IN GENERAL QUARTER
SESSION ASSEMBLED.

THE FINAL REPORT OF THE COMMITTEE ORIGINALLY APPOINTED BY THE COURT TO SUPER- INTEND THE ERECTING, OR PROVIDING OF AN ADDITIONAL ASYLUM FOR THE PAUPER LUNATICS OF THE COUNTY OF MIDDLESEX.

At the January Session in 1847, (now 5 years ago) your Committee was first charged by the Court with the selection of a suitable site for a second Pauper Lunatic Asylum for the County of Middlesex, the Establishment at Hanwell having been found wholly inadequate to receive even one half of the number for whom accommodation was required, and the only alternative for the remainder, being to place them in Workhouses, private Asylums, or in public Asylums, at a distance belonging to other Counties, in both of which last cases at an expence far beyond what they cost in the Middlesex County Asylums, insomuch that the Strand Union (the Lunatic Paupers of which properly belonged to the Asylum in the Western Division of the County) when applying to have their Patients removed from Licensed Houses to Colney Hatch, represented that it was a loss to them of £6 8s. 0½d. per week, to be kept from that accommodation. But besides this want of adequate accommodation,

by reference to the visiting Book kept at Hanwell, it was ascertained that the Asylum being situated in the Western part of the County, but few comparatively of the Patients coming from the Eastern parts were visited by their friends and relatives, a matter of very serious importance, equally as regarded the happiness and cure of the Patients and the humanity and care bestowed upon them. It was under these circumstances your Committee were instructed to select a site in the Eastern part of the County for the new building, in order that by a proper selection of Inmates for each Asylum, no Patient need be removed so far from friends and relatives as to be deprived of the solace which occasional visits from them are so well known to afford, a point also strongly and repeatedly urged by the Commissioners in Lunacy, as will be seen by a reference to their Reports to the Secretary of State for the Home Department, upon the "Proposals, &c., for erection of an additional Lunatic Asylum for the County of Middlesex, at Hanwell."

Many were the predictions that no suitable site would be obtainable on the Eastern side of the County for the purpose, and that if found at all the price demanded would be far beyond what the Court would sanction. Your Committee however made a personal survey of the Eastern portion of the County, and soon selected the present site of the Colney Hatch Asylum, highly eligible in every respect and which they purchased at a price of £150 per acre, the quantity purchased being 119 acres.

Having determined on the site, the next endeavour of your Committee was to obtain a choice of Plans for the Building itself. To this end they offered premiums for Plans and Estimates, by Public Advertisements which were nume-

rously responded to; and the Court cannot fail to remember the great number of Plans and Elevations which were exposed to view, in the Dining Hall and Ante Room at the Session House for many weeks for the Examination and Information of the Magistrates generally, previous to their being called upon to vote the necessary expenditure for erecting an additional Asylum. Your Committee moreover invited most of the leading Medical Men having the care of large Lunatic Asylums, and other competent judges in our great Hospitals, to give their opinion of these Plans and they beg to express their thanks for the prompt and efficient aid they received from many of those Gentlemen, by their able remarks, many of which were in writing, upon the numerous designs before them.

It soon became evident that the Plan bearing the motto "*Humanitas*" (with a Maltese cross) was the general favorite, and it was in fact the one to which was ultimately awarded the first prize of £300, and was afterwards found to be the production of Mr. Daukes of No. 14, Whitehall place, the Architect of the Training College, at Cheltenham; the Agricultural College, at Cirencester; the New Small Pox Hospital, at Highgate; several Churches; the Freemasons Asylum, near Croydon; and other important and highly approved Public Buildings. The Estimate sent in with this Plan was £80,000.

Previous to the Competition Designs having been advertised for, it was publicly known from the printed Reports, and other official Documents issued by the Commissioners in Lunacy, that they had a strong feeling in favour of what are ordinarily called two storied buildings (or buildings having only one story above the ground-floor) for Lunatic Asylums, and this was mentioned in the Advertisements; in consequence

of which the Competitors sent in two Designs—one of two stories, necessarily to satisfy the terms of the advertisement, and one of three, or more, to satisfy also the taste or judgment of the architect. Mr. Daukes saw so many architectural objections to the two storied plan, that he sent in no less than three sets of Drawings, with a view of inducing your Committee to adopt that which was evidently the best Architectural Elevation, and the best suited to the site which had been selected. When the Plans were brought before your Committee for final approval, many objections were raised to the unreasonably extended ground plan which this limitation to two stories necessitated; the want, also, of occasional elevated portions of the building, to break the monotony of the long lines of low roofs, struck the eye unpleasantly; and that a greatly increased expenditure would be the consequence, was manifest. It was determined, therefore, to make a strong effort to induce the Commissioners in Lunacy to cede this point to your Committee, and to allow the erection of a three storied building at Colney Hatch. For this object a deputation was appointed to wait on the Commissioners, and they were most courteously received; but all that they could urge on the score of Extra Expence, and the improvement of the elevation, failed to convince the Commissioners that they ought to yield the point: they remained inflexible; and the Deputation retired, feeling that your Committee had nothing left to them but to make the best they could of a necessarily plain and uninviting Elevation; and, by a rigid economy in everything not essential for the Building, to atone in some measure for the increased Expenditure which your Committee foresaw must necessarily be forced upon the Rate-payers by this particular style of building. It was not to be anticipated that the first ideas of any architect could satisfy the requirements of the

Committee of Visitors of the Colney Hatch Asylum, the Chairman and several others of whom had long served on the Hanwell Committee. Their next duty, therefore, was to see what additions and alterations the two storied plan of Mr. Daukes required to bring it up to their views of excellence. Nor was this all; your Committee felt that the Court had confided to them a great public work, in which it would expect to find, when completed, all that modern science and the present enlightened views of humanity had rendered available for the care and comfort of the unfortunate class of invalids to whose use it was to be dedicated, and that they would not show a proper Estimate of the generous sympathy of the Rate-payers towards this suffering portion of their own poor neighbours, if they sacrificed, to a feeling of false economy, anything that could conduce to the bodily health of the Patients, or that could minister to the mind diseased. Under these impressions, the large Exercising Hall of the Asylum for the use of the Patients, in unfavourable weather, which, from its size, utility, and simple construction, has attracted the favourable notice of all who were able to appreciate its importance; as also the two School Rooms, were added to the Original Plan. Two ventilating Towers, a Clock Tower, and two other Towers, which were not originally contemplated, were also added, together with pavilions for shade in each Airing Court. The Chapel and Offices were greatly enlarged, and (which may be considered the most important improvement of all) three feet in width and two feet in height, were added to the whole of the Wards; so that, in fact, the cubic contents of the building, by all these additions, were very largely increased. The Plans having been thus altered and enlarged, of course a new and increased Estimate had to be made; and this has given rise to some misconception, which, though often explained in Court, is so continually

reproduced in the form of questions as to the great difference between the original and the final Estimate; that it may be as well here once more to state that the sum of £80,000 was only the Estimate of the original prize plan, which was never submitted to the Court, but not of the plan which was presented to the Court for approbation and adoption, and which Plan, after being submitted, in conformity with the 28th section of the Act 8 and 9 Vic., c. 126, to the Commissioners in Lunacy and the Secretary of State, was returned approved to your Committee without a single alteration having been made therein:

This is the Plan which was sanctioned by the Court; and on the 8th of November, 1848, Tenders were advertised for; and, when opened, they presented the remarkable feature of the lowest Tender, being £61,000 below the one next above it. The lowest Tender was for £138,000, and was that of Mr. George Myers, of Ordnance Wharf; Belvedere Road, Lambeth; and, it is scarcely necessary to add was the Tender accepted by your Committee.

The foundation stone was laid by His Royal Highness Prince Albert, on the 8th May, 1849, on which occasion the Marquis of Salisbury, the Lord Lieutenant of the County, announced that he had it in command from Her Majesty to found, in Her Majesty's name, a fund for the Relief of Pauper Lunatics on their discharge, cured, from the Asylum, and that she had graciously condescended to allow the fund to be called the "Victoria Fund," and had subscribed £100 towards it; and on the 31st of October, 1850, less than eighteen months afterwards, this immense building was placed in the hands of your Committee, complete, so far as the builder and his original contract were concerned; and as

it became necessary at once to place it in the care of some responsible person, the matron, Mrs. Meriton, who had been elected (as the Court are aware, from former Reports) in the month of August previously, was at once called into residence to commence the cleaning and preparation of the building for the reception of furniture and stores.

In two months afterwards the steward, Mr. Henderson, was also called into residence, and that officer and the matron, under the direction of the Committee, soon arranged all the necessary furniture and stores for the reception of patients. On the 17th day of July, 1851, the Asylum was announced to be ready for the reception of those who were to be its future inmates, and eight patients from Bethnal-green, four from the Whitechapel Union, one from Islington, and one from the Barnet Union, were received on that day, the two medical officers, Dr. Hood and Dr. Davey, having been previously called into residence, and having taken possession of the apartments prepared on each side of the building for their respective official occupation. The next anxiety of the Committee was to fill the Asylum as soon as possible; for it must be evident to the Court that it could only be when the Asylum was full that the greatest amount of saving could accrue to the ratepayers; and that so long as the expenses of the very large staff of officers necessary to the establishment had to be divided among only a few, or but a slowly increasing number of inmates, the weekly rate fixed must be proportionably high, the whole attention of the Committee was therefore directed to this object; and, had it depended upon them alone, no doubt it would have been accomplished speedily.

The admissions have been as follows:—

	Males.	Females.
In the First week	34	12
Second „	32	101
Third „	24	71
Fourth „	5	6
Fifth „	28	13
Sixth „	18	25
Seventh „	31	104
Eighth „	34	22
Ninth „	8	38
Tenth „	6	4

But while your Committee acknowledge the zealous and instant co-operation of many of the eastern parishes and unions there were a few who did not take the same view of the matter, and even declined to aid your Committee in carrying into effect, to the fullest extent, that most desirable object of eastern and western classification on which the original promoters of two separate asylums for the use of the county had based some of their most potent arguments in its favour.

(It will, no doubt, be recollected that shortly after the present Committee had been appointed last year, a scheme was presented by them to the Court for dividing the County for the purposes of the two asylums into an eastern and a western district, and the greatest care taken by your Committee so to make that division with due reference to the amount of population in each, and the contemplated superiority of size of Colney Hatch over Hanwell, that each asylum might be comparatively equally full, with only a sufficient surplus accommodation in each for the admission of

recent cases; under which circumstances alone could a fair comparative estimate be made of the proportion of cures effected in the County of Middlesex.

The districts proposed were as follows—

EASTERN DISTRICT.

The Parish of Finchley.	}	BARNET UNION.
Friern Barnet.		
Hadley.		
South Mimms.		
Edmonton.	}	EDMONTON UNION.
Enfield.		
Hornsey.		
Tottenham.		
The Parishes of St. Andrew, Holborn, and St. George the Martyr.	}	HOLBORN UNION.
The Parish of St. Sepulchre.		
The Liberty of Saffron Hill. Hatton Garden, and Ely Rents.		
The Parish of Hackney. Stoke Newington.	}	HACKNEY UNION.
The Liberty of Glasshouse Yard.	}	LONDON (EAST) UNION.
The Parish of Bow. Bromley. Poplar.	}	POPLAR UNION.
The Hamlet of Mile End; Old Town.	}	STEPNEY UNION.
The Parish of Limehouse.		
Ratcliff.		
Shadwell. Wapping.		

The Parish of Christchurch.	}	WHITECHAPEL UNION.
The Precinct of St. Katherine.		
The Hamlet of Mile End New Town.		
The Liberty of Norton Folgate.		
The Parish of Whitechapel.		
The Liberty of East Smithfield.		

The Parish of St. George in the East.

- Clerkenwell.
- Shoreditch.
- St. Luke, Middlesex.
- Islington.
- Bethnal Green.
- St. Pancras.

WESTERN DISTRICT.

The Parish of Acton.	}	BRENTFORD UNION.
The Township of Brentford,		
The Parish of Chiswick.		
Ealing.		
Hanwell.		
Heston.		
Isleworth.	}	FULHAM UNION.
Twickenham.		
Fulham.	}	HENDON UNION.
Hammersmith.		
Hendon.	}	
Edgware.		
Harrow.		
Kingsbury.		
Great Stanmore.		
Little Stanmore.		
The Hamlet of Pinner.	}	
The Parish of Willesden.		

Hampton Court and Hampton.	}	KINGSTON UNION.
The Liberty of Hampton Wick.		
The Parish of Teddington.		
The Parish of Staines.	}	STAINES UNION.
Bedfont.		
Feltham.		
Hanworth.		
Harmondsworth.		
Littleton.		
Stanwell.		
Ashford.		
Laleham.		
Sunbury.	}	STRAND UNION.
Shepperton.		
The Liberty of the Rolls.		
The parish of St. Anne,		
St. Clement Danes.	}	STRAND UNION.
St. Mary-le-Strand.		
St. Paul, Covent Garden.		
The Precinct of the Savoy.	}	UXBRIDGE UNION.
The Parish of Harefield.		
Hayes.		
Hillingdon.		
Ickenham.		
Northolt.	}	UXBRIDGE UNION.
The Precinct of Norwood.		
The Parish of Ruislip.		
The Township of Uxbridge.		
The Parish of West Drayton.	}	UXBRIDGE UNION.
Cowley.		
Harlington.		
Cranford.		
Perivale.		
Greenford.		

The Parish of Hampstead.

Kensington.

Paddington.

St. George, Hanover Square.

St. Giles-in-the-Fields, and

St. George, Bloomsbury.

St. James.

Chelsea.

St. Martin-in-the-Fields.

St. Margaret, and

St. John the Evangelist.

St. Mary-le-Bone.

This arrangement having been adopted by the Court, your Committee had hoped when the Asylum at Colney Hatch was ready for the reception of Patients, and those from Workhouses and Private Houses belonging to the Eastern District had been removed into it, that they would be immediately followed by those at Hanwell, and that thus Colney Hatch would at once have been filled, and room made at Hanwell for Western Patients long waiting for admission there; but your Committee were obliged to depend upon others for these arrangements, and they were disappointed in this, the most important part of their scheme. No doubt if your Committee's plans in this respect had been fully and immediately carried out, they would have been justified in fixing the same Weekly Charges for the maintenance of the Patients at Colney Hatch as at Hanwell, instead of these charges presenting the anomaly of two different amounts at the two Asylums of the same County.

Unfortunately when the Legislature passed the Act 8th & 9th Vict., c. 126, the existence of two principal Asylums in the same County was never contemplated; and therefore no

special provision was made for the ready removal of Patients from one County Asylum to another; in consequence of this omission when your Committee had ordered the removal of all the Patients belonging to the Parishes and Unions in the Eastern Division of the County from the Workhouses and Private Asylums to Colney Hatch, their power of Eastern and Western classification ended, and they could only appeal to the Parishes and Unions, on general principles, to adopt the troublesome, tedious, and expensive process open to them under various clauses of the Act, not at all intended for that purpose, viz. : that of requiring the discharge of their Patients by the Hanwell Committee under the 71st Section, and then going through the forms of new Medical Certificates, and new Orders of Removal, for the purpose of placing them at Colney Hatch.

This arrangement, however, appeared of such paramount importance to your Committee, that they cannot but express their thanks to those Unions and Parishes which did aid them in their object; while to those who felt differently on the subject they can only express their regret, that a higher rate of maintenance at Colney Hatch than at Hanwell will for a time be the consequence of want of unity of feeling on this point; and lament that so many of the Eastern Patients should continue to be deprived of the consolatory visits of their Friends, as also that an increased expenditure by the Authorities of those Parishes and Unions should be incurred in their performance of the Statutory duties imposed upon them in occasionally visiting their Patients.

Finding that the anticipated vacancies were not made at Hanwell so soon as was expected, the Parishes and Unions in the Western District of the County naturally became im-

patient, and one of the first applications to be allowed to send a Western Patient to Colney Hatch so well illustrates the inexpediency of such a proceeding, that your Committee cannot refrain from quoting it:—it was an application from Uxbridge to send two Pauper Lunatics to Colney Hatch, for which purpose the Parish Authorities would actually have to take them past the Gates of Hanwell (only a short walk from Uxbridge), and convey them a day's journey to Colney Hatch, where they would be too far from their friends to admit of the consolation of occasional visits from them, and where the professional visits of the Authorities provided for by the 69th Sect. of the Act 8th & 9th Vict., c. 126, would necessarily be made at much greater inconvenience to themselves and expense to the Rate-payers. Your Committee have reason to hope that the representations they made in this instance had the effect of securing for these two Patients admission to Hanwell.

The last serious difficulty which your Committee had to encounter in putting their immense Institution into full operation arose from another failure in the Act, which makes no provision for expenses that must necessarily be incurred immediately the Contractor has given up the Building to the Committee, and before it can be officered and made ready by cleaning, airing, warming, and furnishing for the reception of Patients; and even after all that has been accomplished, before any returns in the shape of accounts can be asked for from the Parishes and Unions. The two defects in the Act which your Committee have here pointed out require immediate attention, and it is to be hoped that the Commissioners in Lunacy will not allow another Session of Parliament to pass over without an endeavour to obtain the amendment of the Act in these two particulars.

The great difficulty in which your Committee found itself, owing to the construction of the Act of Parliament with regard to Funds for opening the Asylum before any payments could be properly applied for from the Parishes and Unions, was most promptly met by the Court on your Committee's representation of their difficulties and the facts which created them, by an order given to the County Treasurer to advance a portion of the monies raised for the building of the Asylum to meet the difficulty.

The time has now—and only now—arrived when it becomes the duty of your Committee to place the Building Accounts before the Court: their importance was such, and the anxiety of your Committee so great, that they should be clear and intelligible to all who may wish to investigate them, that they have felt justified in availing themselves of a professional Accountant to arrange and classify them in that manner likely to give the greatest facility for their thorough investigation—for this purpose they have been placed in the able hands of Mr. Adron, of No. 10, Coleman-street. The duty of your Committee they conceive is simply to present the Accounts to the Court on the present occasion, holding themselves ready to give any further explanation of them that may be required when it shall please the Court to take them into consideration; but in the meantime the details which have been published from time to time may be seen by all who will take the trouble to inspect the quarterly accounts of the County Treasurer from the year 1847.

With regard to the gross amount of expenditure, your Committee have no hesitation in admitting that it far exceeds what they had originally contemplated, but they are bound in justice to state that by far the greater portion of that

excess is attributable to the increased extent of ground necessarily covered by a building two stories high, as compared with one of a higher elevation, and which, after the unsuccessful attempt of your Committee with the Commissioners in Lunacy referred to, in the early part of this Report, was sanctioned by the Court. Your Committee have now, therefore, only to call the attention of the Court to those features of increased expenditure which most prominently exhibit themselves.

The heaviest item in this category will be found to be the earthwork—including digging, levelling, trimming, draining, and the making of roads and footpaths—the great length of the building and the necessity of having both front and back accessible to carts heavily laden required the formation of many hundred yards of wide and good road at a very heavy expense, the soil being unfortunately ill calculated for the purpose, and many thousand yards of ballast having, in consequence, to be burned for covering them.

The same extensive line of frontage greatly limited the choice of position for the building; and it was found necessary to place it so far down the slope from the high-road, that afterwards your Committee were obliged to have many thousand loads of the rising ground in front of the building removed to give it its proper elevation, while the higher ground was found to contain such numerous land springs that a very large amount of drainage was necessitated to secure the building properly from damp, from end to end of its immense frontage of 1,884 feet 6 inches.

The next heavy item to which your Committee would direct the attention of the Court was the warming and ventilating.

The natural ascending property of heated air could of course be taken but little comparative advantage of in a two-storied building, while it is well known that the heat to be derived from a furnace in a horizontal direction is much more limited than when vertically directed, and it was found that to thoroughly warm that extensive line of low buildings no less than nine separate furnaces and apparatus were necessary for the long ranges of pipes; and even where heat formed no part of the arrangement, still wherever pipes became necessary, as in the supply of gas and cold and hot water, a very large additional expenditure was incurred solely on account of the extra extent of ground covered by the building, which, as has been shewn, is considerably more than 1-3rd of a mile in length in a straight line from east to west: this was most particularly felt also in the item of Sewers and Drains.

Your Committee felt that they would not have been held excuseable in the present advanced state of knowledge on the subject, if they had not provided for the collection and useful application of the manure resulting from the extensive drainage of that immense Establishment, and every part of these arrangements were greatly increased in expense by the extended ground plan of the building.

So little accurate knowledge existed formerly respecting the state of Lunacy in the County of Middlesex, that the original Contract for the Building of the Asylum at Hanwell, contemplated accommodation for only 300 Patients, but soon after, the Parliamentary Returns being more frequent and correct, and the subject of Lunacy better understood, the wants of the County were better appreciated, and Hanwell has, from time to time, been increased until it is now nearly

capable of containing 1000 Patients, but it is only since the addition of Colney Hatch to the County Establishments that the real wants of the County of Middlesex, in this particular, can be considered to have been properly met; and it only needs to have been present at the arrival of Colney Hatch of some of the Patients sent lately from the various private Asylums, to have a due sense of the importance of such an Establishment, and to be convinced how utterly and necessarily inadequate are the means at the command of small private establishments to meet the modern demands of humanity and science. Your Committee are informed that many of the Patients removed were in a most painful state of restraint, while some were in a condition that should have secured them from being in confinement at all.

This statement brings your Committee to the present statistics of the Asylum.

At this date there are 371 adult males, and 12 male children, and 613 adult females, and 8 female children in the Asylum, making a total of pauper inmates of 1,004.

Since the opening of the Asylum on the 17th of July last, there have been 1,095 Patients of all classes admitted, of whom 22 males and 23 females have died: 18 males and 25 females have been discharged, cured; and 1 male and two females discharged on the requisition of their friends, or removed to other counties not cured.

Your Committee refer to the Reports of the Medical Officers annexed for the general healthy condition of the Patients at Colney Hatch.

As the Asylum has been opened so short a period, these would be early times to enter into details of its internal

management, though many might be given of a most interesting nature, and none, perhaps, more entitled to consideration than the fact that the poor Patients from the Eastern Districts of the Country have now had their fair share of visitors. Upwards of 2,000 principally relatives appearing on the pages of the Visitors Book in the short period of about six months, but in reality the whole and unremitting energies of your Committee and its sub-Committees, as well as of the Officers of the Establishment generally, have latterly necessarily been devoted to the very difficult task of removals from others, and some of those, distant Asylums, and to the receptions and classifications at Colney Hatch, rendered so much more difficult in an Establishment where the non-restraint system is alone allowed to prevail; and it is with great satisfaction that the Committee bear testimony to the exertions of their various Officers in carrying out, during the short time that could be allowed them, such important, arduous, extensive, and the Committee may truly add, complete arrangements.

Nor would your Committee be doing justice to an individual who has shared most actively, usefully, and zealously in all their labours, if they were to let this opportunity pass by when perhaps the Committee of Visitors of the Colney Hatch Asylum is about to be materially remodelled, without some adequate expression of their entire approbation of the conduct of their Committee Clerk, Mr. John S. Skaife, whom they cannot recommend in too high terms to the consideration of their successors in office.

A better proof of how much has been done already at Colney Hatch to perfect the internal organization of the Institution—amid all the difficulty of new and inexperienced

Attendants and Servants, and the numerous casualties always occurring with new machinery and apparatus, cannot perhaps be adduced than by informing the Court that every new suggestion and modern improvement which has been adopted has already been brought into successful and continuous operation ; and that on New Year's Eve the Committee was enabled (such was the perfect order and discipline established in every department) to allow a Festival to be given to the Patients of the nature of those so much approved and enjoyed at Hanwell—but with this additional and remarkable feature, that the Lunatics of the two sexes met at the same time in the Large Exercising Hall and danced together, enjoying several hours of rational amusement, to the honor of the non-restraint system, without a single incident to cause alarm, annoyance, or regret either at the time or afterwards.

Your Committee record with feelings of much satisfaction the benefits resulting from the ministerial labours of the Rev. H. Murray, their Chaplain. Not only is the daily instruction which he imparts received with evident pleasure by the Patients, but the public services of the Chapel are attended by numbers who, by their attention and seriousness, testify the comfort they derive from the ordinances of Religion. The Chapel, which will contain 400 persons, is, on Sundays, almost inconveniently crowded by the Patients, who readily join in the responses, and appear to take great delight in singing the Psalms and Hymns which have been selected by the Chaplain. Altogether the Services are on these occasions conducted with so much order and decorum, that it would be difficult to distinguish it from any ordinary congregation of Christian worshippers.

From the daily intercourse which takes place between the Chaplain and the Patients in his visits to the Wards, they

are beginning to regard him more in the light of a private friend than an official of the Institution; and from the instruction which he may impart while this mutual confidence exists, the Committee are led to anticipate the most beneficial results. It is most gratifying to them to know that while science, skill, and ability are comprised in the Medical Staff, as well as a benevolent attention on the part of the Attendants, the tranquilizing influences of religion are also at work to restore health and peace to the afflicted inmates of the Asylum.

While on the subject of the internal Management of the Asylum, your Committee refer with much pleasure to the following extract from the Minutes of the Directors of the Poor of St. Pancras, which was forwarded to your Committee with a request that it might be communicated by them to the Medical Officers, which request your Committee readily and gladly complied with.

“SAINT PANCRAS, MIDDLESEX.”

“At a General Meeting of the Directors of the Poor of the said Parish, held at the Vestry Rooms, King’s Road, Pancras Road, on Tuesday, the 6th day of January, 1852” —

“JAMES PARKER PIERCE, Esq., Churchwarden, in the Chair; and twenty-five other Directors, present.”

“DONALD FRASER, Esq., Director of the Poor, called the attention of the Board to the excellent treatment of Pauper Lunatics at Colney Hatch; he attended there on New-Year’s Day; the joy and happiness which pervaded the whole

“ Establishment was extraordinary; much credit was due to
 “ Medical Officers of the Establishment, and to the County
 “ the Magistrates, under whose direction the management
 “ was carried out.”

“It was unanimously Resolved—

“ That a separate Vote of Thanks be tendered to the
 “ County Magistrates, and to the Medical
 “ Officers, under whose care and direction the
 “ Colney Hatch Lunatic Asylum is placed, and
 “ for the satisfactory and perfect manner in
 “ which the Establishment is carried out.”

“ Extract from the Minutes.”

“ G. W. F. Cook,”

“ Clerk.”

Your Committee referred in their Report, presented at the last January Quarter Session, to the establishment of a Station on the Great Northern Railway, opposite to the Asylum, on land belonging to the County. The Railway Company have entered into an agreement with your Committee for the purchase of sufficient land for the site of, and approaches to the station, consisting of about $2\frac{1}{2}$ acres, for which they agree to pay the same price, viz. £150 an acre, as was given by your Committee, which, considering that the Directors of the Company have obligingly made several concessions for the convenience of the Establishment, your Committee deem to be a reasonable compensation, and recommend the Court to authorize them to complete the sale on the above terms, and apply the proceeds of the sale for the purposes of the Asylum.

For the purchase of the remaining portion of the land belonging to the County on the Eastern side of the Railway, your Committee have received several offers. And your Committee would recommend that the Committee of Visitors to be this day appointed be authorized to treat for the sale or exchange of such land, if they shall deem the offers eligible.

It will be the pleasing duty, no doubt, of those whom the Court in their discretion shall deem fit to appoint as your Committee's successors in office for the present year, to present at the January Session of 1853, a detailed account of the internal appearance of the Asylum, and of the improvements in the Garden, Shrubberies, and Farm land, parts of which the large building operations of the past year have greatly disfigured, and other parts of which your Committee have purposely abstained from interfering with, considering it will be a desirable occupation for the Patients next Spring to cultivate and beautify, but in the mean time your Committee have thought it will be satisfactory in addition to the Accounts which are appended to this Report, to add by way of Appendix, a Guide to Colney Hatch, which was compiled for the use of the numerous visitors, English and Foreign, who visited the Asylum during the period of the Great Exhibition in the Crystal Palace in Hyde Park, among whom were many men of high standing in the ranks of philanthropy, art, science, medicine, and architecture, and if the Committee could feel that they had only such to satisfy the unqualified praise of one and all these visitors in their several departments of knowledge might well be deemed a sufficient reward for their labours, but your Committee's first ambition is to satisfy the Rate-payers of the County of Middlesex, and to deserve the approbation of the Court, which entrusted to their care and diligence the execution of this great work of

charity and humanity. Your Committee use the words "care and diligence," advisedly, they are unwilling to say "*experience*," for what experience could there be of such a building?—a building which stands unrivalled as a Lunatic Asylum, unique in size, elevation, and accommodation, in this Country, or perhaps any other.

Whether they have accomplished their arduous task satisfactorily, they must leave to the judgment of others, but this they may at least be allowed to say of themselves—they have spared no pains, no time, and no exertions, to erect a Building, and establish an Institution which shall be a credit and an honour to the Metropolitan County. In the progress of their work they have had the satisfaction of seeing many of the examples set by them followed by other Counties, and in the last Annual Report of the Committee of Visitors of the Hanwell Asylum, it appears that the introduction of a Hall for Exercise in unfavourable weather, that great novel feature in the building at Colney Hatch, is in contemplation there. Your Committee have also to add that they have made a successful appeal to the Board of Inland Revenue to remit the Government Duty on their Fire Insurances, by which a sum of £82 10s. will be saved annually to the Rate-payers in respect of Colney Hatch alone.

In the erection, fitting, furnishing, and completing the Asylum at Colney Hatch, your Committee have necessarily had a very large Expenditure to deal with, and they have endeavoured to control that Expenditure with the strictest economy compatible with what they believed the good feeling and enlightened views of the Rate-payers of the County of Middlesex would expect at their hands, when in fact they were only adding to the County property in the cause of

charity, and for the benefit of a very large class of our poor fellow-beings doomed to suffer the greatest calamity that can befall the human family. Your Committee bearing always in mind these encouraging words of Scripture,—“*He that hath pity upon the poor lendeth unto the Lord, and look, what he layeth out it shall be paid him again.*”—Prov. xix.

BENJAMIN ROTCH,
Chairman of the Committee of Visitors.

Colney Hatch Asylum,
14th Jan., 1852.

Lunatic Asylum at Colney Hatch.

Cr.

*1	By Purchase of Land and Expenses thereon		19,786	4	8	
2	„ Premiums for Designs for Building		610	8	2	
3	„ Contract for Building		138,000	0	0	
4	„ Clock Turret and Clock, Coloring Wards, and Painting Chapel Oak		803	1	0	
5	„ Fixtures and Fittings		18,812	6	7	
6	„ Warming and Ventilating		11,583	11	3	
7	„ Hot and Cold Waterworks—					
	Pipes, Taps, Baths, &c.	£	4,901	6	8	
	Sinking Well and for Pumps		1,294	0	3	
	Steam Engine and Boilers		896	14	7	
	Reservoir		3,179	0	0	
						10,271 1 6
8	„ Gas Buildings, Works and Fittings		1,623	12	10	
9	„ Drains		4,034	13	9	
10	„ Earthwork, Laying out Grounds, Shrubs, &c.		12,281	3	6	
11	„ Formation of Roads, Airing Courts, Ballast, Gravelling and Draining same		16,430	17	3	
12	„ By Entrance Gates, Lodge, Stabling, and Deadhouse		1,229	16	0	
13	„ Farm buildings, Slaughterhouses, Stables, Cottages, &c.		2,000	0	0	
14	„ Chaplain's House, and Fencing thereto		1,322	4	1	
15	„ Railway approach, Railway and Road, Weighing Machine, Engineer's Cottage, and Store Sheds		1,900	0	0	
16	„ Boundary Walls and Iron Fencing		2,527	16	7	
17	„ Furniture, &c.—					
	Furniture, Upholstery, &c.		2,112	4	1	
	Bedsteads and Bedding		6,204	5	8	
	Linen Drapery		118	4	9	
	Ironmongery, &c.		1,102	1	1	
	Turnery, &c.		419	15	8	
	Earthenware, &c.		127	18	11	
						10,084 10 2
18	„ Clothing		2,951	16	11	
19	„ Architect's Commission, Clerks of Works, and Police		3,448	3	8	
20	„ Incidental Charges—					
	Coals, Coke and Wood		822	7	8	
	Painting and Stationery		460	4	7	
	Advertising		383	19	4	
	Lithographing Plan of Building		53	5	2	
	Report on Gas Works and Analysing Water		21	0	0	
	Consecrating Burial Ground, Licensing Chaplain, and for Funeral furniture, &c.		53	15	5	
	Rates and Taxes		176	5	7	
	Insurance		62	11	6	
	Salaries and Wages		1,770	1	9	
	Provisions		79	4	1	
	Oilman's Stores		53	5	3	
	Books and Toys		86	15	4	
	Surgical Instruments, &c.		68	4	9	
	Marking out Site for Building		28	9	0	
	Expenses of Laying Foundation Stone		53	10	4	
	Sundry Petty Disbursements		343	16	5	
						4,516 16 2
21	„ Farm Stock—					
	Live Stock		282	4	6	
	Dead Stock		144	17	1	
						421 1 7
23	„ Law Charges		1,206	6	2	
						265,851 11 10
22 & 24	Liabilities, as per Statement		23,504	13	8	
						<u>£289,356 5 6</u>

N.B. These numbers from 1 to 24, refer to a detailed Statement left with the Clerk of the Peace.

Coney Hatch Asylum.

DIETARY FOR THE PATIENTS.

Days of the Week.	Breakfast.				Dinner.												Supper.									
	Males.		Females.		Males.						Females.						Males.		Females.							
	Bread.	Cocoa.	Bread.	Cocoa.	Beer.	Bread.	Uncooked Meat.	Dumplings.	Pie.	Soup.	Stew.	Vegetables.	Beer.	Bread.	Uncooked Meat.	Dumplings.	Pie.	Soup.	Stew.	Vegetables.	Beer.	Bread.	Cheese.	Bread.	Butter.	Tea.
oz.	pt.	oz.	pt.	pt.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	pt.	pt.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	pt.
Sunday	6	1	5	1	$\frac{1}{2}$	12	7	4	..	..	..	12	$\frac{1}{2}$	10	7	4	..	..	..	12	$\frac{1}{2}$	6	2	5	1
Monday	6	1	5	1	$\frac{1}{2}$	12	7	..	1	..	..	12	$\frac{1}{2}$	5	..	..	..	1	..	..	$\frac{1}{2}$	6	2	5	1
Tuesday	6	1	5	1	$\frac{1}{2}$	12	7	4	..	..	..	12	$\frac{1}{2}$	..	7	4	..	..	..	12	$\frac{1}{2}$	6	2	5	1
Wednesday	6	1	5	1	$\frac{1}{2}$	12	7	4	..	..	..	12	$\frac{1}{2}$	5	2	4	..	..	14	12	$\frac{1}{2}$	6	2	5	1
Thursday	6	1	5	1	$\frac{1}{2}$	12	7	4	..	..	..	12	$\frac{1}{2}$	..	7	4	..	..	..	12	$\frac{1}{2}$	6	2	5	1
Friday	6	1	5	1	$\frac{1}{2}$	12	7	4	..	..	..	12	$\frac{1}{2}$	..	7	4	..	..	..	12	$\frac{1}{2}$	6	2	5	1
Saturday	6	1	5	1	$\frac{1}{2}$	4	2	..	..	..	..	4	$\frac{1}{2}$	..	2	..	..	..	..	4	$\frac{1}{2}$	6	2	5	1
Total..	42	7	35	7	3 $\frac{1}{2}$	52	32	16	10	1	14	52	3 $\frac{1}{2}$	10	32	16	10	1	14	52	3 $\frac{1}{2}$	42	14	35	7	

N.B. - Cocoa in the following proportions for One Pint, viz :— $\frac{1}{2}$ oz. Cocoa, 1 oz. Treacle, $\frac{1}{2}$ pint of Milk.

Soup for 900 Patients, the liquor of the meat cooked the previous day, 112 lbs. Leg and Shins of Beef, 60 lbs. Peas, 50 lbs. Rice, 20 lbs. Scotch Barley, 40 lbs. Onions, Salt and Pepper, with Herbs.

Stew for 900 Patients, the liquor of the meat cooked the previous day, 112 lbs. meat, 560 lbs. Potatoes, 120 lbs. Onions, Salt and Pepper.

Fruit Pies are given in lieu of Meat Pies in the Season.

Currant Dumplings are occasionally given in lieu of Stew, 12 oz. to the Males, and 11 oz. to the Females.

Extra.—Out-door Workers and Artisans, $\frac{1}{2}$ pint Beer at 11 o'clock, a.m., and at 4 o'clock, p.m., $\frac{3}{4}$ pint Tea at 5 p.m.

Laundry Women $\frac{3}{4}$ pint Beer, with Bread and Cheese, at 11 a.m.

Kitchen and Bakehouse Women 1 pint Beer extra daily.

In Female Workroom, $\frac{1}{2}$ pint Beer each, at 11 o'clock, a.m.

Tobacco and Snuff is given as indulgencies to the Workers, &c.

1st January, 1852.

FIRST MEDICAL REPORT
OF THE
MALE SIDE
OF THE
COLNEY HATCH LUNATIC ASYLUM,
MIDDLESEX,
BY
W. CHARLES HOOD, M. D.

December, 1851.

*To the COMMITTEE of VISITORS to the
County of Middlesex Lunatic Asylum, at
COLNEY HATCH.*

GENTLEMEN,

In offering you this the first Report upon the condition of those Patients confined within the Male side of this Institution, I feel my great difficulty has been to compress within its narrow limits the many matters so interesting alike to the Psychologist and Philanthropist.

Six months have scarcely elapsed since this Asylum opened its doors to the lunatic poor of Middlesex, and already 411 males and 669 females have been received within it. Of the 411 males admitted, 18 have been discharged cured of their malady, 1 has left unrelieved, 16 have died, and 376 still remain in the Asylum. The following annexed tables, giving the register of forms of disease, ages, causes assigned, education, occupation, and religion, &c., enter more fully into detail:—

MALE SIDE.

Number of Patients admitted 411

Form of Disorder.

Mania	267
Melancholia	42
Dementia	26
Imbecility and Idiocy	76
	411

Complications.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MANIA (including Acute, Chronic,) and Intermittent }</td> <td style="text-align: right;">34</td> </tr> <tr> <td>— with Epilepsy</td> <td style="text-align: right;">70</td> </tr> <tr> <td>— with Paralysis</td> <td style="text-align: right;">23</td> </tr> <tr> <td>— with Delusions and Inco- herence</td> <td style="text-align: right;">91</td> </tr> <tr> <td>— Violence</td> <td style="text-align: right;">35</td> </tr> <tr> <td>— Suicidal Propensities</td> <td style="text-align: right;">5</td> </tr> <tr> <td>— Senile</td> <td style="text-align: right;">9</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">267</td> </tr> </table>	MANIA (including Acute, Chronic,) and Intermittent }	34	— with Epilepsy	70	— with Paralysis	23	— with Delusions and Inco- herence	91	— Violence	35	— Suicidal Propensities	5	— Senile	9		267		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DEMENTIA</td> <td style="text-align: right;">2</td> </tr> <tr> <td>— with Epilepsy</td> <td style="text-align: right;">2</td> </tr> <tr> <td>— with Paralysis</td> <td style="text-align: right;">2</td> </tr> <tr> <td>— with Delusions and In- coherence</td> <td style="text-align: right;">20</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">26</td> </tr> </table>	DEMENTIA	2	— with Epilepsy	2	— with Paralysis	2	— with Delusions and In- coherence	20		26			
MANIA (including Acute, Chronic,) and Intermittent }	34																														
— with Epilepsy	70																														
— with Paralysis	23																														
— with Delusions and Inco- herence	91																														
— Violence	35																														
— Suicidal Propensities	5																														
— Senile	9																														
	267																														
DEMENTIA	2																														
— with Epilepsy	2																														
— with Paralysis	2																														
— with Delusions and In- coherence	20																														
	26																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MELANCHOLIA (continued and) Paroxysmal)</td> <td style="text-align: right;">22</td> </tr> <tr> <td>— with Epilepsy</td> <td style="text-align: right;">3</td> </tr> <tr> <td>— with Paralysis</td> <td style="text-align: right;">2</td> </tr> <tr> <td>— with occasional Violence ..</td> <td style="text-align: right;">3</td> </tr> <tr> <td>— with Imbecility</td> <td style="text-align: right;">4</td> </tr> <tr> <td>— Suicidal Propensities</td> <td style="text-align: right;">8</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">42</td> </tr> </table>	MELANCHOLIA (continued and) Paroxysmal)	22	— with Epilepsy	3	— with Paralysis	2	— with occasional Violence ..	3	— with Imbecility	4	— Suicidal Propensities	8		42		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">IMBECILITY AND IDIOCY</td> <td style="text-align: right;">16</td> </tr> <tr> <td>— with Epilepsy</td> <td style="text-align: right;">25</td> </tr> <tr> <td>— with Paralysis</td> <td style="text-align: right;">11</td> </tr> <tr> <td>— with Occasional Violence</td> <td style="text-align: right;">6</td> </tr> <tr> <td>— with Chorea</td> <td style="text-align: right;">2</td> </tr> <tr> <td>— , Congenital or Infantile ..</td> <td style="text-align: right;">16</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">76</td> </tr> </table>	IMBECILITY AND IDIOCY	16	— with Epilepsy	25	— with Paralysis	11	— with Occasional Violence	6	— with Chorea	2	— , Congenital or Infantile ..	16		76	
MELANCHOLIA (continued and) Paroxysmal)	22																														
— with Epilepsy	3																														
— with Paralysis	2																														
— with occasional Violence ..	3																														
— with Imbecility	4																														
— Suicidal Propensities	8																														
	42																														
IMBECILITY AND IDIOCY	16																														
— with Epilepsy	25																														
— with Paralysis	11																														
— with Occasional Violence	6																														
— with Chorea	2																														
— , Congenital or Infantile ..	16																														
	76																														

Civil State.

Married	170
Single	208
Widowed	25
Not ascertained	8
	411

Education.

Good	86
Read and Write	171
Read	63
No Education	79
Not ascertained	11
Dumb	1
	411

Religion.

Church of England	238
Dissenters	96
Jews	9
Roman Catholic	35
Atheist	1
Not ascertained	32
	411

Causes, both Moral and Physical, ascertained in 249 cases.

MORAL.

PHYSICAL.

Domestic Grief, Affliction, and Disappointment	} 7
Unfaithfulness, Unkindness, or Intemperance of Wife	} 6
Loss of Situation and Dread of Poverty	} 7
Want of Employment, and sufferings therefrom	} 6
Reverse of Fortune, Loss of Property, &c.	} 12
Loss of Wife or Children	3
Disappointed Affection	3
Unhappiness at Home	1
Erroneous Views in Religion	3
Sudden Shocks, Fright, &c.	29
Jealousy	3
Pride	3
Non-success in Business	1
Responsibility and over-anxiety	} 1
Sudden Loss of Several Cows	1
Regret for a Theft	1
Suicide of a Brother	1
Over-excitement at the Great Exhibition	} 1

Intemperance and Debauchery	} 57
Bad Company	1
Masturbation	5
Fatigue and Over-exertion	3
Over-study	6
Injury to Head	14
Disease of Brain	2
Delirium Tremens	1
Fever— <i>Typhus</i>	} 4
<i>Yellow</i>	
<i>Erysipelas</i>	
<i>Small-pox</i>	
Epilepsy	14
Paralysis	6
Chorea	2
Injury to Retina	1
Disease of Lungs	3
———— Liver	1
Old Age	4
Congenital Deficiency	16
	<hr/> 140 <hr/>

89

Hereditary Predisposition assigned 20

Trade or Occupation ascertained in 384 Cases.

Solicitor	1	Pattern Drawer	1
Surgeon	1	Hatter	2
Accountant	1	Rope-maker	3
Commission Agent	2	Gunsmith	2
Chemist	2	Brass Founder	1
Stationer	1	Butcher	4
Warehouseman	1	Drover	1
Auctioneer	1	Publican	4
Builder	1	Horse Dealer	1
Linendraper	1	Cabman	1
Grocer	5	Stableman	2
Oilman	1	Coachman	3
Teacher	5	Jobber	1
Artist	1	Saddler	4
Clerk (Law)	6	Corn Dealer	1
„ (Merchant)	7	Coach Builder	1
Traveller	2	Carman	4
Printer	2	Bargemaster	3
Bookbinder	1	Sailor	9
Watchmaker	1	Soldier	8
Engraver	1	Pensioner	2
Engineer	4	Fishmonger	2
Compositor	3	Poulterer	1
Upholsterer	10	Greengrocer	2
Carpenter	11	Gardener	7
„ (Ship)	3	Cow Keeper	1
Blacksmith	3	Letter Carrier	1
Coachsmith	1	Policeman	1
Whitesmith	1	Courier	1
Pewterer	1	Hair Dresser	3
Wheelwright	1	Coal Dealer	2
Wig Blockmaker	2	Hawker	8
Pencil Manufacturer	1	Paper Bag-maker	1
Carver and Gilder	2	Chimney-sweep	1
Printcutter	1	Shoe-black	1
Turner	3	Tobacco Manufacturer	2
Cooper	2	Servant	9
Basket-maker	1	Attendant on Insane	1
Brushmaker	1	Porter	9
Blindmaker	1	Shopman	7
Pianomaker	1	Sawyer	3
Plumber	2	Rugmaker	1
Chairmaker	1	Pocket Bookmaker	1
Cane Splitter	1	Coal-whipper	6
Weaver	7	Musician	5
Dyer	2	Master of a Workhouse	1
Boot and Shoemaker	29	Railway Guard	1
Tailor	14	Laborer	44
Bricklayer	4	Pauper	18
Statuary	1	Thief	1
Painter	6	Play Actor	1
Slater	1	Author	1
Baker	6	Leather Worker	1
French Polisher	1	Sweeper (Crossing)	1
Paper Stainer	1	No occupation	34

Total 384

AGE.	LENGTH OF TIME INSANE.
Under 15 years	8
Between 16 and 20 ———	14— 22
————— 21 and 25 ———	36
————— 26 and 30 ———	61— 97
————— 31 and 35 ———	61
————— 36 and 40 ———	62—122
————— 41 and 45 ———	46
————— 46 and 50 ———	42— 88
————— 51 and 55 ———	25
————— 56 and 60 ———	22— 47
————— 61 and 70 ———	18
————— 71 and 80 ———	10— 28
Not ascertained	7— 7
<u>411</u>	
<hr/>	
<i>Combination of Disease in</i>	<i>Result.</i>
<i>Epileptic Cases.</i>	
With Mania.....	70
—— Melancholia	3
—— Dementia	2
—— Imbecility and Idiocy ..	22
<u>97</u>	
	Under 1 year
	80
	Between 1 and 2 years
	39
	———— 2 and 3. ———
	17
	———— 3 and 4 ———
	11
	———— 4 and 5 ———
	10
	———— 5 and 6 ———
	9
	———— 6 and 7 ———
	11
	———— 7 and 8 ———
	6
	———— 8 and 9 ———
	5
	———— 9 and 10 ———
	7
	10 years & upwards to 35 yrs.
	36
	Congenital, or from Infancy
	23
	Not ascertained
	157
	<u>411</u>
	Discharged cured
	18
	by friends not
	relieved
	1
	Died
	16
	Remain in Asylum
	376
	<u>411</u>

RECORD OF SIXTEEN DEATHS AND POST MORTEM APPEARANCES, &c.

No. of Register.	Age.	Form of Mental Disorder.	DURATION OF INSANITY.		Apparent Cause of Death.	Post Mortem Appearances.
			Prior to Admission.	Subsequent to Admission.		
16. J. H.	63	Acute Mania and Delusions	Two Months.	Twenty - three Days	Cerebral Congestion and Coma	Congestion of Brain and Membranes—Effusion of Serum under surface, and in ventricles—Thickening and Opacity of Arachnoid.
17. E. B.	22	Chronic Mania and Delusions	Unknown	Twenty - six Days	Asphyxia from accumulation of tubercular matter in air passage of lungs	Congestion of Brain and Membranes—Opacity of Arachnoid, and Subserous Effusion. Lungs completely pervaded by Tubercles and tubercular excavation, &c.
6. E. C.	69	Acute Mania and Delusions	Four Weeks..	Forty Days ..	General Debility and Exhaustion from severe and long-continued Jaundice	Congestion of Brain and Membranes—Opacity of Arachnoid, and Subserous Effusion—All the Solids and Fluids of the body of deep bilc hue. Liver large, congested and mottled.
190. W. D.	75	Senile Mania	Five Months..	Five Days ...	Cerebral Congestion and Coma	Congestion of Brain and Membranes—Opacity, & Thickening of Arachnoid, with Fibrinous Exudation, and Effusion of Serum.
68. H. S. I. . .	35	Chronic Mania with Acute Paroxysms	Seven Years..	Fifty-nine Days	Asphyxia from Broncho Pneumonia, from foreign substance in Bronchial passages	Congestion of Brain and Membrane—Opacity of Arachnoid — Congestion and Solidity of Lungs — Congestion of Bronche Mucous Membrane, foreign body in right bronchus.
172. W. C.	16	Epilepsy with Imbecility	Nine Years ..	Sixty-one Days	General Debility and Exhaustion	Brain shrunk in Arachnoid Cavity—much sanguinolent Serum, with shreds of false Membrane, and jelly-like exudation—Brain very firm.

15.	R. W.	26	Epilepsy with Dementia	Three Years..	Seventy - five Days	Asphyxia	Congestion of Brain and Membranes—Opacity of Arachnoid — Lungs pervaded by Tubercles—Cavities in superior Lobes.
239.	J. N.	51	Chronic Mania and Delusions	Four Years ..	Twenty - two Days	Asphyxia	Congestion of Brain and Membranes—Serum in the plural Cavities—Collapse of Lungs—Heart much hypertrophied—Valves healthy—Large Aneurism of Aorta at the Arch—General Anasarca.
298.	H. G. W. ...	14	Epilepsy & Mania..	Ten Years....	Ten Days	Epileptic Coma	Congestion of Brain and Membranes, and Opacity of Arachnoid.
18.	C. F.	52	Chronic Mania with Acute Paroxysms	Twelve Years.	One Hundred and fifteen Days	Exhaustion and Collapse, after violent excitement	Congestion of Brain and Opacity of Arachnoid—Heart enlarged—Valves thickened.
26.	D. A.	65	Senile Mania	Nine Months .	One Hundred and Twenty-one Days	General Debility and Exhaustion	A large apoplectic Cavity in right Posterior lobe lined with false Membrane—Congestion of Brain and Membranes.
310.	W. B. ...	44	Chronic Mania....	Seventeen Months	Twenty - two Days	Debility and Exhaustion	Large Lumbar Abscess—Congestion of Brain and Membranes.
255.	B. E. T. ...	30	Chronic Mania....	Nine Months.	Fifty-five Days	Debility and Exhaustion from Phthisis	Congestion of Brain and Membranes—Lungs thickly studded with Tubercles and Cavities. Mitral Valves thickened.
289.	J. E.	37	Dementia and General Paralysis.	Four Years ..	Fifty-two Days	Epileptic Coma	Congestion of Brain and Membranes—Veins loaded, Pia mater thickened—Liver large and congested.
260.	J. B.	35	Melancholia	Eighteen Months	Fifty-seven Days	Asphyxia	Left Lung studded with Tubercles, and softening down—Right Lung collapsed and consolidated, lying against the spine—Cavities in superior lobes.
389.	J. B.	35	Melancholia	Ten Days..	Fourteen Days	Rapid Exhaustion from acute Phthisis	Congestion of Brain and Membranes—Tubercles in Lungs.

In the "Register of Forms of Diseases" the following terms will have been met with:—Mania, Melancholia, Dementia, Imbecility, Idiocy. It may be well to give some idea of the main view taken of each division, and the particular feature characterizing each subdivision.

Mania, must be received in the general acceptance of the term as comprehending the acute, chronic, and intermittent forms, each combined with the various complications specified.

Melancholia, embraces two forms—the acute or paroxysmal, and the chronic or continued—the latter more frequently aggravated by suicidal propensity.

Dementia, *Imbecility*, and *Idiocy* are familiar as "Household Words," and demand no explanation.

In Dr. Conolly's first report of the Hanwell Asylum—appreciated alike for the talent of its author and the value of its matter—I find tables ranked under the heads of *Incoherence*, *Monomania*, and *Hypochondriasis*. I have omitted these, because "*Incoherence*" I consider to be a symptom found equally in Mania, Dementia, and Imbecility, and occasionally in Melancholia. The fact of *Monomania* I very much question; and my doubt is strengthened from the fact, that out of 805 cases registered by Dr. Conolly, in his report of the year 1839, 4 only are ascribed to that form. I consider whether the disease allowed be cleptomania, pyromania, or phonomania, it is only one symptom and peculiar trait of the disorganized mind. In support of my view, I may quote the opinion of the late Dr. Pritchard, who said—"Nothing, indeed, can be more remote from the truth, than the opinion, that madmen of this description (monomaniacs) have the

whole of their disorder concentrated in or restricted to one delusive idea." *Hypochondriasis* I have omitted, because I consider it a state induced by physical derangement — depending principally on the chylopoetic viscera, or uterus, and susceptible of amelioration without calling for the moral treatment or vigilance of a Lunatic Asylum. If seen there, it assumes the graver form and stability of delusions, uninfluenced by argument or persuasion.

The principal object of the Building being to provide for such Patients, belonging to the County of Middlesex who, from want of accommodation at Hanwell Asylum, were either confined in private licensed houses or were left to the more scanty provision of the workhouses; it will be readily believed, that our Wards were, when once opened, speedily filled with many chronic and incurable cases; these were not, however, as time (though brief) has already proved, without some hope of amelioration. A few of the cases admitted were of a more recent date, offering a prospect of cure, fully realized by their subsequent discharge. Each admission day still brings its applicants, and the known capabilities of the building induce us to hope, that when all the Insane Paupers of Middlesex have been received either in the Hanwell or Colney Hatch Asylum, there will still be a few spare beds for any urgent and acute cases. This will be a provision which has for many years been loudly called for, and which promises ultimately to lessen the number of permanent Inmates; for the unfortunate patient will then not only receive upon the primary accession of an acute attack, such professional aid as may tend to his immediate and speedy recovery; but, by furnishing him and his friends with advice for his future course of life, may decrease the chance of any farther remission: in other words, a few weeks of seclusion

will be substituted for perpetual confinement, the Asylum will partake of the nature of an Hospital; and the Patient, by having his malady attended to in an early stage, may, instead of sinking into a condition of total mental darkness, become again the support of his family, and a useful member to society.

From the length of time many of these Patients have already passed in confinement, it has been found difficult to obtain correct and satisfactory information either of the predisposing or exciting cause of their disease, whether morally or physically. Such a deficiency has, as much as possible, been met by inquiries of the friends visiting the Patients; and from these, information has been acquired, which has proved of assistance in the treatment, and value in the prognosis.

This building, among its other advantages, can boast from its size and extent of capabilities, of a more perfect plan of Classification than in any other Asylum. The Visitor will here find Wards appropriated to the Paralytic,—the Epileptic,—the Idiotic, Helpless and Demented;—the Maniacal, Incoherent and Refractory;—the Aged and Infirm,—the Sick and the Dying, and those in the more gratifying state of Convalescence. A few words may be said on either, or all these classes.

The Paralytic. This class may be defined as labouring under Paralysis combined with Mania, and contain many cases of the disease recognized in France as Paralytie Générale, —in England as “General Paralysis” of the Insane. These may be said to require a special plan of treatment—their diet should be generous and nourishing, without being of a

stimulating character: everything that may add to their strength (of which corpulency not unfrequent among them is no test) is highly necessary for their well-being. In lieu of soup, I prefer giving a meat dinner; a small quantity of malt-liquor, but that sufficiently good to add tone to their system, rather than gratify their appetites. I think warm bathing most essential for cleanliness, but beyond that, contra-indicated, anything which lessens the nervous energy should be avoided. Tobacco is calculated to depress, and should be withheld, or given sparingly. Aperients are constantly called for. Local depletion, in the form of leeches applied to the head, may sometimes be necessary; but I think the instances where depletion is called for are so rare, that I would feign not acknowledge it as a means of treatment. In fact, so little can be done for this class of Patients, that a nourishing diet, warm clothing, exercise, and kindness to their little wants, added to at any rate, apparent interest in their exaggerated conceptions, all the treatment effectual.

A separate class has been made of the *Epileptics*; and 97 having been admitted, 3 Wards are set apart for their use; added to which, some from the violent character of their paroxysms and others from their dirty habits, are necessarily classed among the more helpless and aggravated Inmates. Two of the three Wards contain Epileptics, whose scizures are periodical and of short duration;—these enjoy during the intermission a fair share of health and bodily comfort. In the remaining Ward are Epileptics whose Paroxysms are of a severer type—occurring more frequently, and fast verging on Dementia. I was induced to make a separate class of Epileptics, and keep them in distinct Wards, from the knowledge that to an eye-witness not similarly affected, the scizures are very painful, causing the most distressing sympathy: their temper is peculiarly irritable, and much of their com-

fort and health depends upon the light nature of their food, and its judicious administration as to quantity. Such and all other modifications of diet, are more easily carried out when the classes are kept distinct.

The Idiotic and Demented. Many of these unfortunates being helpless and of dirty habits, are by unanimous consent classed by themselves. Such form not the Dirty or Foul Ward, but, the *Dirty School* of Colney Hatch, where the Demented, in his second childhood, alike with the little idiot, are taught by habit, if not susceptible of higher instincts, to attend to the calls of nature and pay some heed to personal cleanliness. That such Patients are susceptible of improvement in their habits by attention and care, is shown by the number who have been already promoted to better Wards, and more agreeable associates.

Those suffering from *Chronic Mania* and *Melancholia*, with occasional Incoherence and Symptomatic delusions, occupy the majority of Wards in the building, varying in their state, from the most advanced stages of disease to the convalescent.

The *Violent and Refractory* are, for the comfort and safety of others, no less than their own security, located in separate Wards; all the modern appliances of the non-restraint system taking the place of the *glove*, the *muff*, and the *chair*.

That *the Aged and Infirm*, demanding more generally the services of the Cook and Nurse, rather than the Physician and Apothecary, should have a ward for themselves, where they can, without annoyance or anxiety, eke out their few remaining days, must be apparent to all.

The Sick and Dying occupy the Infirmary, if wilful dirty habits, or violent conduct does not unfit them for the ward.

In addition to the above ample accommodation, the Committee, ever ready to lend their assistance to what appears conducive to the benefit of the Asylum, have consented that a small Ward, containing about 15 beds, shall be appropriated to several Patients, who from their age (averaging from 10 to 15,) may be looked upon as Boys, both in mental endowment and physical strength. This Ward is to be opened immediately, and styled the "Juvenile Ward." From the similitude of their cases, (all being styled either Idiotic, or demented from Congenital Epilepsy) their treatment is very similar, and I trust it will be the means, not only of preserving and improving their bodily health, but also of preventing their imbibing much corruption incident upon constant association with others far advanced in age and sin, who have unhappily, spent the greater part of a long life either in the wards of a prison or Lunatic Asylum.

Of the treatment adopted among so large a number of Patients, little indeed can be said in the scanty limits of a half-year's Report. It is a general fact, ratified by universal experience, that Lunatics require a good nourishing diet, frequently tonics, and, among those recently admitted, wine and porter has been liberally administered. Depletion is but seldom needed—*bleeding*, I would almost say, never. Morphia, in small doses, I have found amongst the most valuable sedatives combined with Henbane and Camphor mixture. It must be continued with perseverance, and not relinquished until after tranquillity has ensued—the after administration of Quinine and wine is often beneficial. Of both medicines, (Morphia and Quinine,) we have used large quantities. Ammonia and Cascarella are valuable in many cases of Me-

lancholia. Compound Jalap Powder as a purge—Tartarized Antimony as an emetic—are useful. Counter-irritation is not often required, unless the mania is aggravated with organic disease. The Seton has appeared to have been of service applied to the nape of the neck in some cases of Epilepsy, combined with much apparent cerebral mischief. Stychnia has been given, with uncertain advantage, in Paralysis.

Bathing, both hot and cold, varied according to the peculiarity of the case, or the idiosyncrasy of the individual, is very desirable, not only as restoring and confirming the healthy action of the skin, (a gland whose functions are often sluggish among the insane,) but as conducing materially to the formation of habits of cleanliness. A Warm Bath, taken immediately upon going to bed, has acted like a charm with some noisy restless patients, where all sedatives have failed. The Shower Bath is useful where there is much heat of scalp, and fulness of the vessels of the head. The Douche I much disapprove of, and consequently never employ. It most frequently causes great fear, and is often attended with evil consequences.

The treatment of the Patients in this Asylum is based upon the principle of non-restraint; no form of mechanical coercion being used. When the Patient, excited to a degree of frenzy, threatens to give vent to his paroxysm by acts of violence towards those around him, temporary seclusion in the padded room is the immediate and efficient remedy. Moreover, when Patients, principally Epileptics, roll or throw themselves out of bed, (a reason frequently given for the milder forms of restraint,) we provide them with beds covering the floor of the room; the walls of the room being padded to the height of three feet from the floor.

The Padded Rooms of this Asylum are of a somewhat novel construction. They are padded round the sides and floor, and have on the door affixed a pan or close-stool with portable drawer, accessible from the outside, and thus can be removed at any time, and emptied, without disturbing or exciting the Patient. It is true that at an early stage of our proceedings this provision met with much and grave objection by one deservedly ranked high in the profession, but whether justly or prematurely, I think is most efficiently answered by the fact, that, though the padded rooms on the male side have during the last six months, been occupied by Patients on eleven several occasions during the day, and thirty-nine times to sleep in during the night, all demanding such security, only in one solitary case has any part of the room been soiled. On nearly every occasion the pan has been made use of, either for the relief of the bowels or bladder,—*in no one case* has the Patient soiled either his person or his clothes. The exceptional case referred to—a most violent maniacal and, during such paroxysms, dirty Patient—was, late in the evening, placed in the padded room. It being dark, he did not perceive the provision made, but after being left to himself, and becoming a little tranquil, he, as frequently happens, required to pass his urine. Not finding a chamber utensil, such vessel being rarely provided, and if so, often made use of as a weapon of assault, he had no alternative but to relieve himself when and how he could; the following morning, on opening his door to release him from his confinement, it was found that he had afterwards attended to the calls of nature in the pan, clearly demonstrating that as soon as the light of day had directed him to the accommodation provided, he at once embraced it.

This is one of many facts, and by it the *value, safety, and utility* must be estimated. It may and has been said, “These

are not cases demanding the protection of a padded room, an ordinary apartment would answer the object of seclusion." To which I reply, the padded room is the only means of seclusion that has been adopted on the male side of this Asylum; if such is not called for, then even the provision of a padded room has been superfluous.

I am more and more convinced that the greatest adjunct and assistant we possess in carrying out our non-restraint system of treatment, and the most efficient aid to pharmaceutical remedies is, occupation. There is a familiar adage, "Satan finds some mischief still for idle hands to do." If we would keep Patients out of mischief we must find some employment for their hands, if their minds cannot be similarly enlisted; but, I cannot but think in all our occupation, in all our workshops, and in all our schools, the great object is too often forgotten—our minds are too apt to be led away with the gratification we must all feel in seeing, the noisy Patient of yesterday sitting, not in his right mind, it is true, but among his equally demented companions, in the Tailors' or Shoemakers' shop, plying his needle, or straining his hemp,—we are disposed to keep him at work as long as the novelty of the occupation induces him to concentrate his attention. But we do this forgetful of our Patient's interest, and, gratifying as it may be at the end of the year to find from our Steward's report that these violent maniacs,—these passive idiots,—have added item upon item to our stock of clothing, and so diminished our rate; we must not forget that our workmen are enfeebled by their disease; they require, above all other accessories to health, fresh air and exercise, and that the confinement of the workshops, for many hours daily, carried to an undue extent must, necessarily, have a

most pernicious effect upon them. Let us not spur the willing horse for the sake of our self-supporting hobby. Let us not lose sight of the curative, by clinging too closely to the palliative treatment. Amusement must be mixed up with our occupation, whether it be in the field or the shop; whatever tends to beguile the time and to check the flight of a morbid imagination should be encouraged. The wards must show signs of cheerfulness by the amusement provided. In walking round the wards of this Asylum many a cheerful face may be observed, which, without the aid of cards, bagatelle, chess, draughts, or some other such pastime, would be stamped with an apathetic dulness, or moody melancholy.

We have commenced a Drilling Class. About thirty-six meet every morning, at Eleven o'clock, in the Exercising Hall, and about the same number, forming the "awkward squad," meet in the afternoon. They are here taught by one of the attendants, (formerly a drill master in the Guards) many easy evolutions and exercises, and with the assistance of the fife and drum (the instruments furnished by the Committee, the music performed by themselves), they parade in quick and slow time. Considering the short time the class has been organized, their progress has been most satisfactory: it is looked forward to, each morning as an amusement, and an improvement in the gait of some of the paralytics is already perceptible. This amusement, and the excitement of the fife and drum, induce exercise more valuable than any medicine.

Among the many that have been admitted, it would be wonderful indeed if some few did not present many interesting features. I will content myself with bringing the cases of three before your particular attention; and

I am the more anxious to do so, since each individual was brought to the Asylum under mechanical restraint of strait waistcoat,—in each case it was at once removed and discontinued,—and each of these unhappy sufferers have, by the assistance of a merciful and gracious Providence, been restored to their right minds, returned to their families, and resumed their occupations.

J. G. was brought to the Asylum, July 22nd, 1851. He had been previously seen by your Medical Officer at the Workhouse, lying, tied down to the bed by a rope—his legs secured, and his arms restrained by a strait waistcoat. He appeared dying from exhaustion, incident upon the acute mania from which he had been suffering, and doubts arose as to the desirability, if indeed necessity, of singling him out for admission. He was, however, ordered to be removed to the Asylum, where he was presented, still closely cased in the canvass jacket. It was instantly removed,—encouragement and refreshment were offered him,—he was taken to a ward, and entrusted to a kind and vigilant nurse. On preparing for his bath, his back was found to be one large and extended bed-sore. Can wonder be now expressed at the poor fellow's restlessness, aye, irritability? Let us fancy ourselves in such a position,—should we have been comforted by the restraint? the poor relief of moving his position in the bed being denied him. But watch his case. His sores dressed—his clothing changed—he was ordered a feather bed, porter, bark, liberal diet and, need I add, kindness. No more restraint annoyed him; a few short weeks hence he might have been seen standing at the Committee Table, receiving the congratulations of his benefactors on his recovery. Verbal thanks were, from his mental emotion, denied him, but his

tearful eye spoke most eloquently. He returned home with his son, a sane and a grateful man.

L. D., a native of France, admitted with acute Melancholia, added to occasional paroxysms of maniacal violence. Though of liberal education and polished mind, insanity brought him to the Workhouse, where he was seen by your Medical Officer, and his case at once considered to demand admission, before being farther aggravated by delay. He was admitted in a strait waistcoat, having been previously fastened, head, hands and feet, to the bed. I may almost say, quiet attention to his little wants, and sympathy in his sufferings, cured him. He left the Asylum,—he left England,—grateful for returning reason, and thanking God that he had been an inmate of Colney Hatch, and a recipient of Middlesex generosity;—his travelling expenses being paid, and a trifle put into his empty purse from the Victoria Fund.

J. H. was admitted in acute Mania—wild and incoherent in the highest degree. The strait waistcoat was removed. His case strongly indicated sedatives; local depletion by leeches to the head, with occasional aperients. One week found him, though still restless, in the Tailor's Shop; the employment weaned his mind from his exaggerated ideas, and deluded imaginations. He continued steadily to improve, having only one day's relapse, which was apparently caused by a mistake on the part of his attendant, in not administering his medicine. At the expiration of fourteen weeks he was discharged cured. I have heard from him since he left. He is in full work, and expresses a hope, if again similarly affected, he may again be taken to Colney Hatch.

The above are three interesting cases, inasmuch as they were

brought here under restraint, with the disease in an active form, and have been discharged most satisfactorily cured. In neither case was even the temporary seclusion in a padded room resorted to. I trust the landmarks of our treatment were, "Do to them as we would they should do to us." Are not the above a proof of what might be done if the parish authorities would but prefer at once handing over the cases for treatment, rather than by retaining them, either for experiments or from parochial economy, encumber the parish with the expenses of a chronic and incurable Lunatic for life?

Without wishing to intrude upon the province of my excellent friend and colleague, the Chaplain, I can bear testimony to the beneficial effect produced upon the general body of Patients by the religious exercises of the day. I conceive that I have derived much assistance from the kind gentleman's tact and solicitude in producing a happier and better tone of mind among many of our unhappy inmates.

I cannot conclude this report without expressing my thanks to the Committee, for the interest they have invariably taken in all the troublesome details of the Asylum. No object has been considered too insignificant for their notice,—no circumstance too trivial for their attention. It is, indeed, to their careful supervision that the Asylum is indebted for many of its excellent arrangements; nor must I omit to offer my thanks to all my brother Officers for their cordial co-operation upon all occasions.

I desire to be, Gentlemen,

Your obedient and humble Servant,

W. CHARLES HOOD, M.D.

REPORT, &c.

TO THE COMMITTEE OF VISITORS,

&c. &c.

GENTLEMEN,

IN presenting to you this, the first Report of the Female Department of the County Asylum at Colney Hatch, it is with the highest satisfaction I feel myself enabled to state, that although it has been found both necessary and expedient to admit the Patients not only very quickly but in very large numbers at a time, nevertheless, not a single casualty of a *specific* or serious character has occurred among the Patients under my charge. The admission during a single week of so many as 135 insane persons, and in another instance, on one day, of even 84 Patients, was necessarily not unattended with some considerable anxiety; more particularly so, as some of the details of the building and the wards, &c., were not, perhaps, in that state of completeness necessary for the accommodation of their expected inmates. I need hardly add that the general inexperience of the attendants, added to their first-conceived and erroneous views as to the treatment of the insane, aggravated this anxiety not a little. However, it is hoped that each succeeding week may find these difficulties alluded to, become less and less; and the experience already afforded of

the working of the Establishment, fully justifies such an anticipation.

The great number of Patients admitted into the Asylum since its opening in July last, threw not only great responsibility on the Medical Department, but much real labour; and the variety and magnitude of this was, and is such, as to have caused much delay, not so much in the mere registry of the Patients, but in matters connected with their medical histories, progress, &c. &c. In fact, if the greater part of the time of the medical staff of Colney Hatch Asylum, were devoted to the mere clinical records of 1,300* cases, no *three* persons could be expected to do the *Case-book* common justice.

The daily medical care of such a body of invalids is sufficient in itself to pretty fully occupy the Medical Officers attached to the Asylum; and where so much is to be done by moral means, by judicious conversation, prudent and friendly intercourse, and by counsel and encouragement; in a word, by a proper surveillance of both mind and body, their duties must appear, as they really are, manifold and unceasing.

The Hanwell Asylum was opened in May, 1831, and up to December, of the same year, but 295 Patients (Male and Female) had been admitted, but between July 17th of 1851, and the date of this Report, (December 31st, 1851,) 1,080 Patients have been admitted into Colney Hatch; it is true the former Establishment was intended originally for the accommodation of but 400 Patients, whereas the latter is expected to contain so many as 1,300 insane. In 1839, Dr. Conolly writes in his first Report, presented

* The number of Patients the Asylum is expected to contain.

at the Michaelmas Quarter Sessions:—“The attempt to ascertain the nature of the numerous cases confided to his care was rendered difficult in consequence of the scanty records existing of any of them, whilst of many of the Patients no medical record, and no description of the mental condition was to be found; circumstances,” he adds, “in some degree attributable to the number of Patients admitted into the Asylum at once, both when it was first opened, and after the completion of the Eastern and Western wings.” If the Patients are at this time well classified at Colney Hatch, as they really are, and if the nature of each case admitted *has* not only been well ascertained, but duly recorded, both of which the “Registries” prove to have been done; and if the medical histories of a large proportion of the Patients *are to be found*, then does it follow, that in spite of the difficulties which have beset us, and to which allusion is above made, there is much reason to feel satisfied at the progress made during the past—the first year of these our labours.

The most interesting feature in the New County Asylum, at Colney Hatch, is doubtless the circumstance of its having been contrived and erected with a view to the entire disuse of mechanical restraint in the general controul and direction of its inmates, and with no other object than the practical recognition of those humane principles of treatment which all past experience prove are alone adapted either to the relief or to the cure of the disordered mind.

In a first Report of an Institution of this kind, it is, I conceive, requisite to put before you, in as concise a manner as may be, not only the mere number of Patients, but the

various forms of mental disorder presented by an examination of those admitted ; and I have, therefore, prepared the annexed tabular form, which presents, at one view, this necessary information.

With reference to the terms employed, the following brief explanation may be deemed useful. I would, however, premise, that I have chosen the use of those terms, the most simple, and at the same time the most expressive or practical ; rather than encumber this Report with the suggestions of the mere theorist or metaphysician. Thus, the words "Mania," "Melancholia," "Dementia," and "Imbecility," convey, in my humble judgment, a very good notion of the cerebral pathology of the great mass of the insane ; that is, so far as mere words can be expected to do.

It is true M. Marc and others have suggested many compound words, which, although eminently expressive, do but convey, in 99 cases out of 100, the characters of dominant symptoms ; and hence is their employment as a means of individualizing the various forms of insanity but of questionable utility. As an illustration, I would refer to the words "*phonomania*," "*pyromania*," and "*cleptomania*." Now the wards of every Lunatic Asylum will afford instances of Patients disposed to commit acts of violence, to burn, and to thieve ; but, in 99 cases out of every 100, the desire to gratify either the one or the other of these propensities, is found, on enquiry, to constitute only the dominant indication of mental disorder. The instances of pure and unmixed *mono-maniacal* disease, I have always found of so infrequent an occurrence, that for really *practical* purposes in the wards of an Asylum, I am disposed to omit the vocabulary of Marc

and others; although this may be, and is, in strict and beautiful harmony with the most modern "psychological" discoveries.

The word "*mania*" is understood to mean that form of disease in which all the cerebral functions are more or less impaired; the emotions, propensities, and intellectual powers have together assumed an altered action; they are neither in harmony with each other, nor with the external world; their irregularity and incoherence render the patient a mere automaton; all normal volition is suspended in him, and he is the prey to feelings and desires which come not at his bidding, but, self-created, arise spontaneously and independently, of all external causes; and hence the extravagance in conduct and speech of the maniac; and hence also the oft succeeding and various delusions, which so harass and disturb him, each one harmonizing with the temporary and dominant emotion or feeling. The illusions of the external senses are, like the emotional feelings, mere external indications of an internal and acute affection of dissimilar parts of the brain. The increased activity of the brain is, for the most part, conveyed to the spinal cord, and whilst sensation is thereby rendered morbidly acute, the motive powers are called on to sympathize with it. The cerebro spinal irritation necessary involves the vital functions, and these, in mania, are always out of order,—more particularly those of digestion. The term "*melancholia*" may be said to require no explanation; it is applied generally to that form of insanity which is marked by excessive fear and apprehension. As a form of "*monomania*," it is not of frequent occurrence, but it is commonly a predominant sign or symptom of disordered mind; and hence the frequent use of the word. "*Dementia*" signifies that impaired state of mind which has succeeded to more active

disorder, as “mania.” “Imbecility” I have employed to express all those mental defects and peculiarities which, “commencing in early life, are continued uninterruptedly through the whole period of existence, and which are shown as much in various harmless eccentricities of manner, conversation, locomotion, or dress, as in any other way.” In such cases, both the perspective and reflective faculties are below par, and do not well respond to the calls made on them. Idiocy explains itself.

Many of each of the forms of mental disorder herein enumerated are complicated with epilepsy and paralysis; the former is, in some instances, reported in the Register as the cause of insanity. However, the occurrence of epileptiform disease in the progress of insanity is by no means infrequent, and justifies only an unfavorable prognosis. Some particulars are appended to this Report, taken from the Register, relative to the causes and duration of the malady, to the relative proportion of the married and single; and to the education of the Patients, &c. &c.; there are many female patients in the Asylum; of whom the information up to the present time obtained, is not only very scanty, but what is more, even that is doubtful.

It is very well known to those in the habit of investigating the origin and progress of the disordered mind; that causes and effects are very frequently confounded; either one being mistaken for the other of them. In a pauper establishment for the insane, of the magnitude of Colney Hatch, or of its sister Asylum at Hanwell, it must happen that the most prolific cause of indisposition among its inmates is referable to *poverty*. The unceasing and, in too many instances, the

hopeless struggles of the poorer and middle classes for a bare existence, necessarily predispose the brain to a diseased action; and this mental susceptibility or irritation is, as a matter of course, much aggravated by the physical discomforts and privations inseparable from their mode of life. No wonder then that, under such circumstances, some accidental addition to the bitter cup of sorrow, of which they have drunk so long and so deeply, should wholly unbalance the tottering mind, and lay it prostrate in sickness. It has been truly said, disappointed affection, intemperance, domestic troubles, &c., are often resolvable into the *great cause of poverty*.

Of the 669 female Patients admitted since the opening of this Asylum in July last, to December 31st, there were many, who, having been subjected for a period more or less protracted, to the infliction of mechanical restraint, could hardly be expected rightly to appreciate their sudden and complete restoration to personal liberty, *i. e.* in so far as the entire disuse of leather belts, muffs, locks, jackets, &c., is concerned; and therefore was it that, on the first admission of Patients so habitually restrained, the refractory Wards called for much and unceasing supervision. The tearing of apparel and the destruction of glass threatened to become matters of serious moment. It is, however, a source of much and earnest satisfaction to be able to add, that the irritability and restlessness so manifest in the speech and deportment of the Patients alluded to, became, after some time, much less apparent; and although the difficulties of first opening the Asylum were considerably aggravated by the retirement of several of the most competent and experienced of the female Attendants, it was found (I may add, *necessarily* so), that by far the better way to restore composure to the overwrought brain, add

strength to the failing volition, and to subdue and tranquillize the excited passions of the maniac, was the employment of the “*magic of kindness*,” as it has been eloquently styled ; an expression which may be understood to mean the teaching, both by precept and example, of habits of order, self-controul, and benevolence ; these, under a right direction, are among the most certain remedial means available in an Establishment for the Insane,—and to this end should the united labours of all engaged in the cause of the unhappy Lunatic be, in all sincerity, directed.

Of the many Patients brought to the Asylum, in personal restraint of various kinds, these were all, with but *one* exception, restored directly to freedom ; that is to say, on their entrance into the Admission Room of the Asylum, the jacket, or belts, or muffs, &c. &c. were taken from them, *never to be again applied*. The exception made was in the person of E. S., a middle-aged woman, suffering from acute mania, of the most violent description ; this person was represented as entirely unmanageable without the jacket, bandages, &c., with both of which she was, on admission, literally attired. On being carried into a ward, and placed in a padded room, the jacket, &c., were then removed from her person, and, on visiting her a short time after, she had become comparatively quiet and composed. I directed her to be placed in a warm bath, and then to be comfortably attired ; she afterwards ate a tolerably hearty dinner, and if one may judge from her conduct generally, and from the feelings she manifested in many ways, this poor creature, insane though she was, in a great measure appreciated her altered condition—her freedom from mechanical restraint. The *seclusion* of E. S. is from time to time found necessary ; and with this aid, no kind of

difficulty has, on any single occasion, been experienced in her management. Occasionally she is very maniacal, and she then manifests a disposition to injure those about her; but after a temporary seclusion in her room, she becomes tranquil, and even kindly disposed. That she has been what Dr. Conolly calls "spoiled," by the imposition of mechanical restraint, extended over a long and, to her, eventful period, there is every reason to believe; and that, moreover, the consequent neglect of a judicious treatment at a proper time, has allowed the brain to assume a condition of disease from which recovery is hardly possible.

It may seem to the uninitiated almost incredible, that any number of insane persons may be so suddenly and completely divested of all restraint, as was done here, without fear and danger. However, not only was such a proceeding unattended with any thing like an accident, of even a trifling character, but the removal of the jacket, &c., was, in many instances, responded to with evident signs of gratitude and esteem—even affection; the only casualty which did happen, if casualty it can be called, was on the admission of E. S., a handsome young woman, whose arms and hands were belted and locked to her waist; on being released, she very evidently knew not what to do with her upper extremities, they having been for a period, one may hardly venture to calculate, in a state of involuntary inaction,—and after looking about her for a moment or two, she seized an old bonnet which was near her, and tore it to pieces; ere she was taken to her Ward. M. A. V., on admission, had her hands fastened with strong leather cuffs or muffs; it was said she would bite her hands, and even eat her flesh, if these were removed; they were removed, and with all impunity, but the

patient neither bit her hands nor ate her flesh. She was then suffering from an attack of hysterical mania, but this has subsided.

The occupation of all the Wards, at the present time, enables me to perfect the classification of the Patients, previously to which, the existence of certain defects and disadvantages in the distribution of the Patients over the Female side of the house, diminished, to some extent, their comfort and well-being; a circumstance to be regarded as inseparable from the first opening and organization of every hospital for the insane. The number and arrangement of the Wards, the character and position of the Dormitories in each Ward, afford, as you are aware, all the facilities for the most desirable and perfect classification of the Patients; and there is needed but the carrying out of certain details, already submitted for your consideration and approval, to render Colney Hatch Asylum all it may, and does profess to be.

As a strong and presumptive proof of the false and incorrect views entertained generally concerning the requirements of the insane, it may not be considered out of place to mention here the weakly and very delicate state of health in which a large number of the Female Patients were admitted from the Union Houses, *and this was very evidently the consequence of an improper and insufficient diet.* Inasmuch as insanity is, as a rule, a disease of debility, and tends, by its very nature, to exhaust the powers of life and enfeeble the constitution; not only is it *not* necessary or even prudent to employ a low diet, but on the other hand, it is *indispensable*, if we would place the poor Lunatic in the most favourable

position to recover his or her mental health, to administer a good and sufficient quantity of wholesome and nutritious food, both solid and fluid. As an example of this fact, I may mention the following case:—M. B., a young Scotch woman, admitted in July, presented the appearance of one-half starved; she was miserably pale and exsanguine, and withal much emaciated and very weakly; but this general debility was combined with maniacal symptoms of an acute character. The treatment adopted was very simple; she was put on a generous diet, which included meat, porter, &c., and an occasional sedative was administered at night to procure sleep. With the exception of a few doses of common house-medicine, the above was the whole of the treatment adopted; that it was sufficient, is shown by the fact that she quite recovered, and was in due time discharged.

A great number of Patients in the Asylum, whose appearance is at the present, that which belongs to those who are well and properly fed, looked very differently on their admission. Their angular features, pale faces, and emaciated forms, are not only very much less apparent, but what is more, these have been in not a few cases exchanged for a physical appearance at once the very converse of this; and in every instance of the kind, the mental symptoms have kept pace with the improvement of the bodily health; and hence it is, in a great measure, that many of the Patients who are reported on the forms of admission, as “violent,” “dangerous,” &c., have become not only quiet and inoffensive, but some of them even are among our most useful and industrious inmates.

I feel confident, that in so far as *individual* causes of mental disorder are concerned, there is not *one* which exerts

more prejudicial or serious effects than that comprised in unwholesome and insufficient food ; this may be demonstrated in many ways, but it is sufficient for the present to observe, that in all those Asylums where the dietary is not liberal, there the recoveries are few, and the deaths many ; and, on the other hand, in those Institutions where the dietary is ample, there the proportion of recoveries, and of deaths, is reversed. It cannot be too well known that on the adoption of a more liberal dietary at the Hanwell Asylum, in 1840, the recoveries were directly increased, and the deaths diminished : other instances may be mentioned.

The *Hygienic* management of the Insane is of the first importance. On the removal of a person in the lower walks of life from his or her home to the County Asylum, every object which strikes on the senses may be said to be remedial. The close and confined atmosphere which the Patient has so long respired is exchanged for the pure and exhilarating air of Heaven. The close and dirty apartment with its worn and tottering furniture, so long suggestive of the mental inquietude and restlessness which oppress him, are exchanged for a spacious well-ventilated and clean dormitory. He is no longer ill fed or badly clothed—his ablutions, hitherto neglected or impracticable, are carefully attended to and encouraged ; the external senses of the *poor* Maniac, accustomed only to disagreeable or offensive stimuli, to sights and sounds sufficient almost in themselves to create disorder, if not absolute disease, in those whom a mere chance has placed in other circumstances more in accordance with the physical or organic laws, are on his removal to the County Asylum stimulated and refreshed by the green fields, the bright flowers and the still brighter sky ; and what is more

than all by the kind voice of sympathy. His limbs which may have been strained and torn by cords, his body which may have been tied and bound by various mechanical appliances, his muscular system which may have been restrained and denied all motive power, are, on his admission to the County Asylum, each and all allowed their liberty of natural action. His limbs, his body, his muscular system, are again restored to their accustomed uses in the animal economy. Nor is the domestic order which characterizes a well regulated Establishment, nor the punctuality, nor the various evidences of self-control and right direction to which he is introduced without their remedial effects; and this mere physical régime is oftentimes sufficient, in itself, to restore the healthy functions of the brain among the Insane Poor.

As regards the strictly *medical treatment* of Lunacy, I may here briefly remark that my first care is to put the secretions into good order; for unless the digestive apparatus is rendered competent to the due discharge of its important functions, neither food nor medicine can prove of service. The frequency of stomach and biliary derangements among the Insane, either as a cause or a consequence of cerebral disorder, is well known; aperients of a warm or cordial nature seem the best adapted to the object in view. Debility is a common attendant on the indications of disordered mind; the majority of the Patients present signs more or less palpable of a deficient vital power, of a disproportion in the supply and expenditure of the vital principle; the latter being in excess. Persons suffering from recent mania are observed to lose flesh, and if the symptoms of cerebral disease continue to advance, the body becomes gradually thinner, and in extreme cases presents an appearance of frightful emaciation: under such circumstances a tonic plan of treatment is evi-

dently called for. A good, even a liberal, supply of meat, day by day, with porter or bitter ale, or even *wine*, I have always found the best tonics for insane persons, when given discriminately. Quinine is prescribed oftentimes with great advantage with the mineral acids; steel medicines are of much value, particularly in females, among whom affections of the brain are commonly associated with signs of chlorosis, or an atonic condition of the uterus. Bleeding and other antiphlogistic means are now very rarely employed for the relief of disorders of the mind; but a few medical men know well that the irascibility of the maniac is for the most part an indication only of a loss of cerebral power; that the tonicity of the brain is gone, and the exhausted organism assumes therefore a condition of irritation,—excitement without power,—and hence the loquacity, agitation and restlessness of the insane generally; and hence also the success of a tonic plan of treatment. There are very many Patients now in the Asylum in whom the foregoing remarks are well and practically illustrated.

But the recognition of those general principles of pathology and therapeutics which guide the Physician or Surgeon in his management of all diseases, and of every kind of injury, must by no means be forgotten in the treatment of mental disorders; should these be neglected the medical man will *now* and *then* find reason to regret the consequences: thus, in some instances it happens that insanity is the direct consequence of a sub-acute inflammation of the membranes of the brain—and when this is the case the only means to avert the threatened disorganization of the tissues involved is by the employment of frequent local bleedings, the occasional exhibition of the compound jalap powder, and the internal use of calomel or blue pill with extract of hen-

bane; the latter modifies the action of the mercurial on the intestinal canal, and allays the irritation of the cerebral fibres. Counter irritation must on no account be admitted. A recent case of this description is now under treatment in the Asylum. Sedatives are of much use to the Insane, and may be given with great benefit in many cases.

The preceding remarks convey merely a very general idea of the nature of the medical treatment adopted among the Female Patients. As regards any specific treatment of individual cases, I have only to add, that in one most violent case of Mania, occurring in a young woman, I have administered, on two different occasions, CHLOROFORM with the most decided success. Some few weeks since, I found M. M. in a dreadful state of excitement, plunging about in so violent a manner that to leave her alone even in a padded room, was deemed impracticable and unsafe. Such continuous and exaggerated insane impulse I had never before seen, either at Hanwell or elsewhere. The Attendants were exhausted, literally worn out with fatigue; the inhalation of ʒjss. of CHLOROFORM, not only deprived M. M. directly of all muscular power, but threw her into a profound slumber, in which she continued for nine consecutive hours. It was some days before she recovered the free use of her lower extremities, her gait assuming that of a person partially intoxicated; and, what is worthy of notice perhaps, the use of the catheter was for some eight or ten days after its inhalation rendered necessary. I may add, I do not consider the use of CHLOROFORM in such cases as that recited here unattended with some risk.

Inasmuch as *opium* has been held to be a specific for MELANCHOLIA, I may mention here it has been given a very

fair trial in three recent cases of this disease, and M. A. K., one of the Patients alluded to, left the Asylum last week, perfectly restored; in the remaining two cases the drug afforded only some *temporary* relief. The opium was given generally in doses of half a grain, three or four times a day, and in combination with the compound rhubarb-pill and blue-pill; an occasional dose of aperient medicine was also directed to be taken. Further experience of opium in Melancholia may prove satisfactory.

Although the effects of both Chloroform and opium, are perhaps rather temporary than otherwise, yet it is certain that even such effects often repeated, may beget a condition of things more or less permanent. It is very well known to Physiologists that any peculiar local action of a portion of the human organism having been once established, the same is very likely to recur, and that this probability is increased in proportion to the frequency and completeness with which such action is realized or brought into being; and upon this principle I would advise the employment of either CHLOROFORM OR OPIUM, in either the excitement of *Mania*, or in the depression of *melancholia*.

It cannot be too deeply impressed on the minds of all, that whatever the medical treatment may be, whatever drugs may be prescribed for the insane, neither it nor they can be expected to prove a source of any permanent benefit, if they be not treated with a consistent and uniform kindness. His mental irritation must be soothed, and his sympathies awakened, and so should he be encouraged even to anticipate the visits of his medical Attendant, and of those of all other Officials, with pleasure and satisfaction; and, as the mere expression of the feelings of the lunatic is not without

its advantages, to a certain extent, not even should his false and capricious sentiments and desires be responded to, otherwise than in all gentleness and with great forbearance. Those only who are by nature, kind and gentle in their speech and deportment, can successfully restrain the passions and extravagance of the *maniac* or tranquillize the emotions and heighten the hope of the despondent and melancholic.

As many interesting cases of disordered mind are remediable only by strictly moral means to the exclusion of drugs and chemicals—the foregoing remarks may not be considered out of place; and as an instance of this fact, I may here call your attention to the case of E. S., admitted in August. The general character and appearance of this young girl were those which belong to the congenital idiot, both mind and body seemed reduced to a state of vegetative existence—she gave not the slightest indication of thought, feeling, or desire, she never moved off the seat she occupied, nor did she alter the position in which she was at any time placed; the head was bent forward, the chin resting close to her sternum; and so constant was this position that I was at one time disposed to attribute it to some spinal affection, an ulceration anteriorly of the bodies of the upper dorsal spine and consequent approximation of those parts above and below the disease. This poor girl was moreover wholly indifferent to, and to all appearance, unconscious of the calls of nature; in a word, portrayed all the external indications of idiotism. Happening to learn a something of the history of E. S. from one of the attendants, we were encouraged to direct our attention more particularly to her case, which on enquiry turned out to be one of *dementia*, resulting not only from preceding active disorder, mania, but from a disuse of the cerebral faculties; and which had allowed the brain to pass into a state of temporary inertness, or physical incapacity.

Now there is a period in the management of injuries of every kind when a passive motion of the member affected is necessary to the re-establishment of its proper motions or offices in the animal economy; and which if neglected by the Surgeon or patient the chances are, he becomes a cripple, and so remains; and similarly is it in the treatment of certain affections of the mind. On the cessation of maniacal symptoms the *brain* must not be allowed to become wholly inactive, or in other words on the discontinuance of the *abuse* of the cerebral faculties, their *use* is not to be discouraged.

The proper stimulation of the brain of E. S., through the medium of the external senses, was plainly the object to be kept in view ere her improvement or recovery could be expected. Her senses, her feelings and emotions, passions and propensities, were offered every proper kind and variety of stimulus; the education of her physical nature was commenced anew; both mind and body were taught to repeat their first lessons. Nor was this second course of infantile instruction lost on my patient—a slow yet perceptible advancement took place, one little improvement of mind or body was added to another, and each went on satisfactorily; until at length, not only did she become an active and useful helper in the Ward, but what is more, she proved herself a very apt scholar. E. S. is now among the convalescent with her mind and body alike restored to health, and even enjoyment.

The above is among the most interesting and encouraging cases it has been my lot ever to witness.

The following Table embraces much valuable information relative to the *discharges* which have taken place in the past year.

Account of the 26 Female Patients discharged in 1851.

No.	Age.	Duration of Disease.		Form of Insanity.
		Prior to Admission.	Subsequent to Admission.	
34	24	10 Months..	8 Weeks ..	Mania.
64	27	1 Month ..	10 Weeks ..	Ditto.
66	40	2 Months..	Ditto	Ditto.
346	29	5 Days....	5 Weeks...	Ditto.
172	40	Unknown ..	3 Months..	Dementia.
213	46	10 Days....	10 Weeks ..	Mania Suicidal.
54	57	6 Months..	4 Months..	Dementia.
376	45	Unknown ..	11 Weeks ..	Ditto.
403	52	7 Years ..	10 Weeks ..	Ditto.
487	45	2 Years ..	7 Weeks ..	Melancholia.
365	41	Unknown ..	12 Weeks ..	Mania.
317	28	1 Week ..	14 Weeks ..	Melancholia.
525	28	6 Years ..	7 Weeks ..	Recurrent Mania.
416	34	1 Year....	10 Weeks ..	Mania.
445	42	4 Years ..	2 Months..	Ditto.
405	21	3 Weeks ..	8 Weeks ..	Ditto.
563	40	3 Years ..	Ditto	Melancholia.
458	62	Ditto	Ditto	Mania.
483	35	Ditto	10 Weeks ..	Dementia.
432	30	Ditto	11 Weeks ..	Mania.
355	38	Ditto	15 Weeks ..	Ditto.
407	30	3 Weeks ..	12 Weeks ..	Ditto.
394	72	1 Month ..	14 Weeks ..	Ditto.
27	49	Ditto	5 Months..	Ditto.
254	26	Unknown ..	4 Months..	Ditto.
392	37	14 Days....	3½ Months .	Ditto.

In connexion with these it should be stated that three Females were on admission in a state of *convalescence*, but I considered it prudent to delay their discharge for a certain period, fearing the recurrence of disease. I may add *two* young women were detained longer than their mere mental health may have justified, in order that the uterine functions should be once again fairly established ere they commenced anew the uncertainties of life, which seemed to await them on their leaving the Asylum.

Here I may remark, perhaps, that the medical charge of nearly 700 Females presents such frequent illustrations of the mutual dependency and endless sympathies of the brain and uterus, that in the treatment of disorders of the first named, those of the latter claim an almost equal attention with them; and hence is it desirable to look well after the uterus, if we would be secure in our diagnosis and prognosis of cerebral affections,—thus in the case of E. J. now under treatment, after many months of unceasing maniacal excitement, the uterine function suddenly made its re-appearance, and the first indication of returning sanity was then shown. From this period she began to recover, and at the moment I write she (E. J.) is nearly well; her discharge may be ere long fairly anticipated.

The peculiar organic changes which attend both the first appearance of menstruation and its cessation in women, prove not unfrequently the direct and immediate cause of mental disorder. There are two young girls now in the Asylum under treatment, in both of whom the brain and nervous system are out of order, plainly because nature has been up to the present time endeavouring in vain to establish the periodical discharge; and there is good reason to believe,

that when the uterus shall have been encouraged to assume the offices to be expected of it in the animal economy, these young women alluded to will quickly recover their mental health, and be allowed to return to the homes of their respective families. There are many more females, between the ages of forty and fifty, whose recoveries may be expected when the uterus shall have fairly resumed its original inaction and inutility—the characteristics of early life—and when also the brain shall have so lost a fertile source of irritation and disease. Unfortunately it happens the poorer classes are much too unmindful of the health of women at the critical periods of life, and pay too little attention to the means whereby the uterus may be assisted in its efforts to preserve its due influence in the human economy; and therefore is it, in a very great measure, that insanity is of so frequent an occurrence among women; and therefore is it that the number of Female Patients now in the Asylum exceed that of the Males in the proportion almost of *seven to four*.

The Deaths have unhappily been of more frequent occurrence since the opening of the Asylum in July, than we may perhaps have anticipated.

The following TABULAR FORM will convey at one view all the necessary information of the Obituary of 1851, *i.e.* in so far as the FEMALE PATIENTS are concerned.

No.	Age.	Form of Mental Disorder.	DURATION OF DISEASE.		Apparent Cause of Death.	Post Mortem Appearances.
			Prior to Admission.	Subsequent to Admission.		
7	35	Epilepsy and Dementia.	Many years..	Six days	Epilepsy	Much Cerebral Congestion—Lungs Congested and Pleural surfaces much adherent—small Polypus of Uterus.
224	49	Dementia.....	One year	One month ..	General Debility	Opacity of Arachnoid Membrane—old Apoplectic cyst in right hemisphere—Ovaries somewhat enlarged.
411	80	Mania.....	Unknown....	Seven days ..	Ditto	Opacity of Arachnoid Membrane, and effusion beneath it.
133	Unknown.	Dementia.....	Unknown ...	Ten weeks...	Ditto	Opacity of Arachnoid Membrane, and Gelatinous effusion—Pleural surfaces adherent on left side.
471	21	Dementia.....	Four months.	Four days....	Epilepsy (Typhus).. ..	Congestion of the Brain—Sanguineous effusion into the Ventricles—Pericardium distended with fluid.
264	Unknown.	Dementia	Unknown .. .	Two months..	General Debility	Great Opacity and thickening of the Arachnoid Membrane,—extensive adhesion of Pleuræ on either side of the Chest.
448	40	Mania.....	Unknown....	Seventeen days	Ditto	Cerebral substance unusually firm; the Arachnoid spotted with Opacity—pia mater everywhere adherent to surface of the convolutions of either hemisphere.
415	62	Mania.....	Six months ..	Thirty-one days	Ditto	Slight spots of Opacity of the Arachnoid Membrane and old adhesions of Pleural surfaces.

No.	Age.	Form of Mental Disorder.	DURATION OF DISEASE.		Apparent Cause of Death.	Chief Morbid Appearances.
			Prior to Admission.	Subsequent to Admission.		
151	26	Dementia	Six months ..	Three months & two weeks.	Epilepsy	Slight Opacity of Arachnoid Membrane and effusion beneath it.
83	Unknown.	Dementia	Unknown	Three months & two weeks.	General Debility	Opacity of Arachnoid Membrane and effusion beneath it—Dilatation of left Ventricle—the Mitral Valve studded with minute deposits of cretaceous matter.
406	76	Mania	Six weeks	Seven weeks..	Ditto	Opacity of Arachnoid Membrane and effusion beneath it—a small cyst attached to the left (uterine) ligament.
359	22	General Paralysis.	One year	Five months .	General Paralysis	Opacity of Arachnoid Membrane and effusion beneath it—Tubercular deposits in Apex of left Lung—Abscess in substance of right Kidney.
529	Unknown.	Mania	Unknown	Two weeks ..	Hemorrhage from mucous surfaces of bronchiae & alimentary canal.	The whole Organism bloodless—Cerebellum small, and of great and remarkable firmness—Liver much Hypert.
597	54	Dementia	Eighteen years	Eleven days..	Slight gastric disturbance, supervening on General Debility.	Old stricture of upper part of the Rectum—enormous distension of the Intestinal Tube—above the seat of disease.
166	32	Imbecility	Seven months	Four months .	General Debility	Sero-purulent effusion beneath the Dura mater on both hemispheres—Arachnoid thickened and opaque—a layer of thick pus in contact with internal parietes of longitudinal sinus.
14	41	Mania	Three months	Three months	General Paralysis	Opacity of Arachnoid Membrane and effusion beneath it—Apex of right Lung contained small masses of cretaceous matter. Conversion of left Ovary into a cyst, containing a soft pultaceous matter.

No.	Age.	Form of Mental Disorder.	DURATION OF DISEASE.		Apparent Cause of Death.	Chief Morbid Appearances.
			Prior to Admission.	Subsequent to Admission.		
518	60	Epilepsy and Dementia.	Not known ..	One month ..	Gangrene of lower extremities	Opacity of Arachnoid Membrane and effusion beneath it—the internal surfaces of both the aorta and pulmonary artery covered more or less by a cretaceous deposit.
59	57	Mania.....	Unknown.....	Four months.	Anasarca	Disease of the Mitral Valve, and partial closure of aortic opening.
282	47	Dementia	Ditto	Three months	General Debility.....	Opacity of Arachnoid Membrane and effusion beneath it—Effusion into both sides of the Chest with signs of recent Capillary injection of the left pleura superiorly.
553	60	Dementia	Ten years.....	Six weeks....	Diarrhea, supervening on General Debility.	Effusion of a thin layer of blood on left hemisphere. Mitral valves thickened, and studded with vegetations.
401	84	Mania (Senile)....	One month... ..	Three months	General Debility.....	Congestion of the Brain, with Opacity of Arachnoid Membrane and effusion beneath it—(Mcm.: some five weeks before the decease of this patient she fell and sustained a fracture of the neck of the thigh bone, and as may have been expected, no attempts at a reparation of the injury were to be perceived.)
232	20	Dementia	Unknown	Four months .	General Debility, (Sloughing sores of the nates.)	Congestion of the Brain with opacity of the Arachnoid, and considerable effusion beneath it—Ventricles of the Brain much distended with fluid—Lungs contained Tubercles in various stages of disease, i.e. more or less softened.
279	45	Dementia	Four years.....	Four months .	Cancer of the Mammary Gland.	Schirrus depositions in the Brain, Heart, Lungs, Abdominal and Pelvic viscera, and in the Ovaries. (N.B. In its early stage a tumor was removed from the breast, but it was succeeded by a second, which speedily involved the whole substance of the Gland; and this the Schirrus diathesis of the patient fully explains.

The reduction of those *discharged* and died (including *one* removed by authority) from the number admitted, it will be seen, gives a total now remaining in the Asylum of 619. Thus :

Total Number.....	669
Discharged	26
Removed.....	1
Died.....	23
	—————
	50
	—————
Remaining....	619
	—————

Several of these included in the foregoing Table were admitted in an apparently dying state ; and hence the present rate of mortality. But it may be safely predicted, that the experience of another year will be of a more satisfactory character ;—however, not all of those admitted “*in an apparently dying state*” are so included. E. G.—M. S., admitted in September, presenting rather the appearance of one reduced to the last extremities by neglect and starvation, emaciated, motionless, and void of speech, after some five or six days of close and unremitting attention, during which she was sustained by wine, broth, arrowroot, and the like, administered in small quantities, and tended with all that care and watchfulness required by the newly-born infant, and after some uncertain signs of returning consciousness and animation, gave us hopes that her threatened dissolution may be postponed. The speech became restored, and so was opened up to her the facilities of awakning the dormant mental faculties, oppressed, or rather depressed, for the want of their natural stimuli ; she continued to progress most

satisfactorily. It is sufficient to add, that E. S. is now convalescent; a letter from her to a relative or friend has, within these few days, passed through my hands, which bears the stamp of not only sanity, but of acute moral perception; she will most likely be discharged after a few weeks.

The experience of the first half year of Colney Hatch Asylum, proves what that of every similar Institution must do, viz., that for the successful treatment of the insane, the first and principal object to be kept in view must be the *use* and not the *abuse* of the powers, both of mind and body: that whilst the former is trained to a judicious manifestation of its several faculties, the latter must on no account be either overtaxed with labour, nor left without its due exercise.

To the establishment of Schools and Workshops, as affording the direct means whence the mind and body of the Lunatic may be alike exercised and strengthened, and the indications of disorder and incompetency either ameliorated or altogether removed, must we look as among the most useful auxiliaries to the Physician engaged in the treatment of mental disorders. But whilst the instruction and employment of the insane receive a full share of attention, their *amusement* must on no account be overlooked, or it will be impossible to reach the deeper recesses of thought, feeling and emotion, through means of which not only may disease be averted but health restored.

It is well known that no persons more than the Insane appreciate whatever little indulgences may be allowed them, or exhibit a more lively gratification in the social meetings which take place among them; and inasmuch as these develop by their very nature the more kindly feelings of

which we are susceptible, and add strength to our better impulses, the same must afford the most effectual check to whatever is disorderly, extravagant, and dangerous among the Insane.

To conclude,—the practical recognition of an active benevolence must be recognized as the mainspring of whatever is done or said in an establishment set apart for the Insane,—all under its roof must be animated by a oneness of purpose,—the well-being of its inmates. All precept, all example must be pure and disinterested, if it be hoped to do common justice to the Patients; and inasmuch as these (too worthy objects of a deep commiseration) are more immediately under the care of their *Attendants*, how important is it that they (instruments either for good or for evil) should be not only selected with care and discrimination, but, what is more, be encouraged, kindly though perseveringly, to the exercise of those virtues, and that good judgment, it is the object of all treatment to realize, even in the disordered mind of the poor Lunatic,—knowing that to govern by constraint and fear is but to engender deceit and imposition.

J. G. DAVEY, M.D.

AGE.

Under 15 years	8
Between 16 and 20 —	18— 26
—————21 and 25 —	49
—————26 and 30 —	83—132
—————31 and 35 —	98
—————36 and 40 —	110—208
—————41 and 45 —	64
—————46 and 50 —	64—128
—————51 and 55 —	31
—————56 and 60 —	49— 80
—————61 and 70 —	47— 47
—————71 and 80 —	17— 17
Above 80 —	..... 3
	641
Unknown	28
	669

EDUCATION.

Doubtful	76
None	183
Read	135
Read and Write	275
	669

RELIGION.

Church	414
Dissent	102
Roman Catholic	74
Unknown	79
	669

TIME INSANE.

6 Months and under	83
Between 6 and 12 months ..	45
———— 1 and 2 years	45
———— 2 and 3 —	50
———— 3 and 4 —	44
———— 4 and 5 —	38
———— 5 and 6 —	49
———— 6 and 7 —	29
———— 7 and 8 —	28
———— 8 and 9 —	10
———— 9 and 10 —	10
	461
———— 10 and 11 —	8
———— 11 and 12 —	15
———— 12 and 13 —	6
Upwards of 13 —	30
From Birth or Infancy ..	19
Unknown.....	130
	669

CIVIL STATE.

Single.....	356
Married	180
Widowed	109
Unknown	24
	669

OCCUPATION.

(Ascertained in 318 Cases.)

Independent	1	Tradesman's Wife ..	2
Respectable	1	Carpenter's do.	2
Surgeon's Wife	1	Butcher's do.	1
Governess	5	Whipmaker's do.	1
School-mistress	3	Gardener's do.	1
Hosier's Wife	1	Gin Sweetener's do. . . .	1
Draper's do.	1	Well Sinker's do.	1
Licensed Victualler ..	1	Weaver's do.	1
Dress Maker and	} 8	Seaman's do.	1
Milliner		Railway Porter's do. . . .	1
Stay Maker	2	Labourer's do.	12
Tambour Worker	1	Tradesman's Daughter	1
Artificial Flower Maker	2	Silk Weaver	4
Glove Maker	1	Factory Work	1
Cloth Cap Worker ..	2	Chairwoman	11
Toy Painter	1	Shoebinder	3
Needle-women	32	Hawker	4
Tailoress	1	Fruitseller	2
Servants	128	Water Cress Vendor. . .	2
Housekeeper	3	Dealer in Old Clothes	1
Nurse	3	Costermonger	1
Cook	2	Coke Dealer	1
Domestic Work	3	No occupation	20
Laundry Work	10	Paupers	30

FORM OF DISORDERS.

Cases of Mania	287
Ditto, Recurrent	9
Melancholia	40
Dementia	304
Imbecility and Idiocy	29
Total	669

COMPLICATIONS OF DISORDERS,

(Occuring in 150 cases.)

MANIA (Destructive)	12
With Delusions	25
„ Epilepsy	18
„ G. Paralysis	7
„ Hysteria	1
(Suicidal)	6
MELANCHOLIA—	
With Delusions	3
„ Paroxysms of Violence	3
(Suicidal)	3
DEMENTIA—	
With Epilepsy	38
„ G. Paralysis	7
(Senile)	12
IMBECILITY AND IDIOCY—	
With Epilepsy	6
(Congenital)	10
Total	150

CAUSES

(Assigned or ascertained in 212 cases.)

MORAL.	PHYSICAL.
Domestic Misery from desertion or ill usage of Husband	Over Study
Loss of Husband, Children, Parents, &c.	Over Work
Domestic Grief, Poverty, & Distress Shock on information of Sudden Death of Relative	Sedentary habits
Disappointed Affection	Intemperance
Seduction and neglect	General ill Health, large Family ...
Reading Trial of Manning	After Fever, Smallpox, &c.
Beguilement by Advertisement into a Brothel	Amenorrhœa and Uterine derange- ments
Father's Profligacy	Change of Life
Erroneous views of Religion	Puerperal
Dependancy on quitting Service of long duration	Falls and Injuries to Head, Brain Fever
Accidental Poisoning of Daughter..	Convulsions from Infancy ..
Omission in a Bill	Imbecility from Infancy
Fright	Epilepsy
Loss of Property	Congenital Deficiency
Over indulgence of Parents	Shame—Widow enceinte
	Mother Frightened while Pregnant
	Hereditary
	Bite of a Dog

COMBINATION OF DISEASES IN 62 EPILEPTIC CASES.

With occasional Mania	18
With Dementia	38
Imbecility and Idiocy	6
Total	62

A GUIDE

THROUGH

COLNEY HATCH LUNATIC ASYLUM.

Comfort the Feeble Minded, Support the Weak, be Patient towards
all Men.—1 *Thess.* 5—14.

LONDON:

PRINTED BY J. T. NORRIS, 137 AND 138, ALDERSGATE-STREET.

1852.

COLNEY HATCH LUNATIC ASYLUM,

VISITING JUSTICES, 1852.

BENJAMIN ROTCH, Esq., Chairman.

JAMES BENTLEY, Esq.

THOMAS HENRY BLUCK, Esq.

CHARLES SALISBURY BUTLER, Esq.

EDWARD HENRY CHAPMAN, Esq.

CHARLES HERBERT COTTRELL, Esq.

JAMES WILLIAM FRESHFIELD, Esq., M.P.

RT. HON. LORD ROBERT GROSVENOR, M.P.

THROWER BUCKLE HERRING, Esq.

HENRY MORRIS KEMSHEAD, Esq.

HENRY POWNALL, Esq.

JOHN SIMPSON, Esq.

ARTHUR SMITH, Esq.

EDWARD STOCK, Esq.

CHARLES BRADSHAW STUTFIELD, Esq.

HENRY WARNER, Esq.

JOHN WILKS, Esq.

JOSIAH WILSON, Esq.

A GUIDE

TO THE

COLNEY HATCH LUNATIC ASYLUM.

	A.	R.	P.
Site of the Buildings of the Asylum	4	2	23½
Front Airing Courts, Male Wing	2	0	29
Ditto Female Wing	2	2	19
Remaining Male and Female Airing Courts, Laundry and Workshop yards	10	1	2
Kitchen Garden	8	0	16½
Burial Ground	1	2	0
Land separated by the Great Northern Railway (about)	21	0	0
Ground for Pasture and Farm	68	2	25
	<hr/>		
	118	3	35
	<hr/>		

ENTRANCE.

There is only one Entrance to the Asylum besides the Railway siding communicating with the Great Northern

Railway, so that every body and every thing entering or leaving the Asylum must come under the observation of the Porter at the Entrance Lodge, which is situated to the left within the Entrance Gates in front of the Building. In this Lodge is a Waiting-room where Visitors produce their orders for admission; Tradesmen and all other persons explain their business and are instructed by the Porter how and where to proceed, friends of deceased inmates also remain here till their presence is required to witness the last ceremony.

To the right of the Entrance is Stabling, behind which is situated the Consecrated Burial Ground, in the most central situation from each Wing, and convenient for friends attending funerals and assembled at the Lodge.

From the Entrance there are three roads, a main road in front, and two others diverging right and left, the former leading to the centre building and principal entrance, that to the right forming the approach to the Patients' entrance on the Wing for Females and also to the Residences of the Superintending Physician of that Wing, Dr. Davey, and the Matron Mrs. Meriton. That to the left is a corresponding approach to the Patients' entrance on the Wing for Males, and to the Residences of the Superintending Physician of that Wing, Dr. Hood, and the Steward, Mr. Henderson. This road leads also to the Store Sheds, Offices, and Farm Buildings.

These independent approaches on either Wing enable the Patients at once to be conveyed to their Reception Room, without in any way being noticed or exciting any of the inmates; the windows being formed sufficiently high to render the Entrance private.

The Asylum is classified into three divisions.

The Wing for Females and Physician's and Matron's Residences, and Infirmary.

The Wing for Males, with Physician's and Steward's Residence, and Infirmary.

The buildings in the centre being offices for Direction and Management convenient for each Wing.

From these Offices, as well as from each entrance, are independent Corridors of communication for each Wing, throughout every part of the Establishment, for the facility of removing Patients unobserved by the rest of the Lunatic Inmates, from one part of the building to another, and preventing a constant traffic through the Wards generally, so disturbing to the Inmates; the Males and Females being entirely separated, so that Patients (or their friends) can be taken to or from the Wards privately, can be drafted off to their respective Workshops or other occupations, the delivery of food, and the removal and supply of linen is facilitated, and the most complete superintendence and management of the Patients by the Attendants, and of the Attendants by the Physicians and Visiting Magistrates is secured.

The Asylum is situated on a site sloping from North to South, necessarily obliging a descent to the building from the principal entrance, which is to the North. This, although it may be considered by some as slightly disadvantageous to the general effect of the building, viewed from the North, affords important Sanitary advantages to the Asylum, in facilitating a complete system of drainage, enabling all the Galleries, Day-rooms, and Airing Courts, to be placed South,

South East, and South West, commanding extensive views of the surrounding country from each, and securing privacy, shelter, and freedom from excitement.

The inclination of the ground has also enabled a communication to be made from the central offices to the extreme Wings, without in the least intercepting the view of the beautiful surrounding country from the Airing Courts above; the extreme Wings being 15 feet lower than the entrance, and enabling the formation of an inclined plane of gradual descent, rendering unnecessary the introduction of a single step throughout the Ground Floor, in the communication with these buildings on the lower level.

The following is a more detailed description of the plan and Building.

PRINCIPAL ENTRANCE.

In the hall, opposite the principal entrance, are two tablets, one to commemorate the founding of the Victoria Fund, by Her Most Gracious Majesty, Queen Victoria; and the other, the laying of the first stone of the Asylum by H. R. H. Prince Albert. The inscription on the former, is as follows:—

Her
Most Gracious
Majesty
QUEEN VICTORIA
(Whom God preserve)

Was pleased in her Charity, on the 8th May, 1849, to found
The Victoria Fund for the Benefit of Poor
Patients leaving this Asylum.

The Building was completed in the short period of one year,
and six months, and received the first Patients into its
Wards on the 17th July, 1851.

And on the latter—

This foundation Stone

was laid by

Field Marshal, His Royal Highness

PRINCE ALBERT,

Her Majesty's Consort,

On the 8th day of May, A.D. 1849,

And in the 12th year of the reign of

Her Most Gracious Majesty

QUEEN VICTORIA.

May God bless this work of Charity.

COMMITTEE OF VISITORS.

Benjamin Rotch, Esq., Chairman.

Lord Robert Grosvenor, M.P.

James Bentley, Esq.

T. H. Bluck, Esq.

C. S. Butler, Esq.

E. H. Chapman, Esq.

C. H. Cottrell, Esq.

J. W. Freshfield, Esq.

Henry Pownall, Esq.

Hector Rose, Esq.

John Simpson, Esq.

Arthur Smith, Esq.

Edward Stock, Esq.

C. B. Stutfield, Esq.

F. P. Walesby, Esq.

John Garford, Esq.

T. B. Herring, Esq.

H. M. Kemshead, Esq.

Henry Warner, Esq.

John Wilks, Esq.

Josiah Wilson, Esq.

J. S. Skaife, Clerk to the Committee.

ARCHITECT.

S. W. Daukes, Esq.

BUILDER.

George Myers.

C. J. Shoppee, Clerk of the Works.

CENTRAL BUILDING.

On the right and left are Corridors leading through the centre portion of the buildings to the offices in the rear. The rooms on the right are—*Dispensary, Clerks' Offices, and other Rooms*; those on the left are, the *Waiting-room, the Committee-room*, an apartment 30 feet long and 20 feet wide, which has been gratuitously decorated with scagliola, in compartments, by Messrs. Orsi and Armani; and in the rear are the Dining and Private Rooms of the Visiting Justices, and the Committee Clerk's Office.

CHAPEL.

In the centre of these rooms is the Chapel, approached from the Wards on the ground and one-pair story, so that aged persons may attend Divine Service without ascending steps; it is 81 feet long by 58 feet 6 inches wide, and is capable of containing 600 persons.

PRINCIPAL STAIRCASE.

At the end of the Chapel is the principal Staircase (under the dome of the central Tower) which affords access to the galleries of the Chapel, and to the orchestra of the Exercising Hall.

Extending east and west are the Corridors, affording facilities of communication with the different Wards without passing through them or disturbing or exciting the Patients. The entire length of these Corridors is upwards of 3,450 feet.

At this point, under the Dome, the central side Corridors commence inclining, the central buildings in the rear being placed lower in succession, and these Corridors by this

incline being continued to the portion of the building on the lower level, 15 feet below, afford a communication, without steps, from the upper to the lower story.

EXERCISING HALL.

The Patients' Exercising Hall, to be used especially in unfavourable weather, is the next apartment, and is 112 feet long, and 58 feet 6 inches wide, having an orchestra at the north end, and the clock tower at the south.

SCHOOL ROOMS.

To the right and left are School-rooms for Male and Female Patients, with Teachers'-rooms adjoining, approached from the respective Corridors.

KITCHEN.

The Kitchen next attracts notice, being in the centre of the building, and is approached from the Male and Female Wing by independent Corridors of communication to every Ward—the food delivery for the Males being on one side, and that for the Females on the other. The cooking apparatus has been supplied by Mr. Steadman, and well deserves attention. On each side of the Kitchen are openings for the delivery of food to the Male and Female portions of the establishment, called the Slides, while adjoining and communicating with the Kitchen is another for soup, vegetables, &c.

SERVANTS' HALL.

To the right of the Kitchen, is a Servants' Hall and rooms for domestics; and to the left are the Pantry and fresh and cold meat Larders.

BAKEHOUSE.

Continuing through the centre we come to the Bakehouse, having two ovens, flour stores, kneading troughs, and other requisites, and having independent deliveries for Male and Female Wings, also called Slides.

STEWARD'S OFFICE AND STORE-ROOM.

In the rear of the Bakehouse is the Steward's Office, and general Store-room of the Establishment, below which is a Cellar for stores, approached from the side Corridor, the entrance for receiving heavy stores being opposite. From the Store-room are Half Doors, for separate deliveries to the Male and Female Wings.

CORRIDORS.

Arriving at this point are Corridors extending east and west, parallel with those in front of the Wards, and at right angles with the central side Corridors.

BREWHOUSE.

Leading from that Corridor on the Male wing is the Brew-house, and a communication with the large Beer Cellar.

WORKSHOPS.

Also leading from the same Corridor, are Workshops for the following trades, viz., Tinman, Plumber, Upholsterer, Printer, Tailor, Shoemaker, Turner, and Carpenter. And from the Corridor on the Female wing are the Laundry and Wash-house for Officer's linen, and Work-rooms for Patients, so that the Patients can come from and return to their various Wards by independent approaches.

WASH-HOUSES AND LAUNDRIES.

In the rear of the Store-room is a Yard for the purposes of the Washing Department, with Wash-houses, Laundries, Drying-rooms, and separate Rooms, for the reception and delivery of Linen from each Wing, surrounding the Yard. The Wash-houses are separated from the Laundries by the Drying Closets, which are so constructed that the clothes are put on the Drying Horses wet, on the Wash-house side, and removed from them when dry on the Laundry side, without the Patients employed in either department unnecessarily interfering with each other. The lofty column in the centre of the Drying-yard is necessary to receive and carry off all the smoke from the flues of the Steam Engine and Drying-stoves connected with these buildings, and to prevent its infecting the air of the surrounding Courts and Yards.

ENGINE HOUSE AND WELL.

The Engine-house is also situated in this part of the Asylum, and contains a Steam Engine of 15-horse power, and boilers; also boilers for the Laundry and Kitchen department. Adjoining the Engine-house is the Artesian Well, from which most excellent water is supplied to the Reservoir in the Octagonal Building in front of the Asylum; it is bored to a depth of 330 feet, and yields upwards of 120,000 gallons every 24 hours. The Reservoir is sufficiently elevated to supply the whole Asylum with water, and is capable of containing 170,000 gallons.

KITCHEN GARDEN.

Extending south, south-east and south-west of these Buildings is the Kitchen Garden, containing 8 acres $16\frac{1}{2}$ poles, and which will be cultivated by the Patients. The walls of the Airing Courts form the enclosure on three sides

of this Garden, presenting an extent of wall for fruit of 1,300 feet.

WARDS FOR MALES.

The Patients' Wards on the Male wing are numbered from 1 to 14 inclusive, each of them contains accommodation for from 35 to 39 Patients, and comprises besides the Patients Sleeping Rooms, a Gallery, Dining-room, Lavatory, Bathroom, 2 Attendants'-rooms, Store-room, Scullery, and 2 Water Closets in each Ward. The Galleries are 14 feet wide, and 15 feet high from floor to floor,—they are lighted with gas and warmed with hot water. The Water Closets are self-acting in Wards and Airing Courts. And attention should here be called to the improved Padded Rooms, that all important aid to the Modern System of humane treatment practiced at this Asylum.

Each Gallery and Dining Space has three open fire places, and independently, all are warmed and ventilated by Mr. H. C. Price, of Derby Street, Westminster, with his Patent Flat Vessel Hot Water Apparatus, which produces an uniform flow of fresh warm air, preserving a temperature of 60° through the most severe seasons, and which can be regulated at pleasure.

The towers surmounting the staircases at different parts of the building are ventilating towers with extracting shafts.

The whole of the Angles throughout the Building have circular bricks, to prevent Patients injuring themselves. Each fire-place has a simple wire fireguard, and the windows are so constructed that they can be opened or closed, and locked in either position, by the Attendants only.

The private residences for the Physician of the Male department and Steward, are at the junction of the East and

South Wards, and Dining-rooms for the Attendants, are contained in this portion of the building. The Windows afford means for inspection over the adjoining Airing Courts. At the extreme end of the front, (*and adjoining the Physician's Residence*), are the Infirmaries for Males, and a Ward for contagious diseases.

WARDS FOR FEMALES.

The Wards for Female Patients are 18 in number, from 15 to 32 inclusive, and in all respects correspond to those for the Males, except that most of them will contain about 40 instead of 35 Patients.

The residences for the Physician to the Female Department and Matron, are similar to those for the Physician to the Male Department and Steward, as also the Attendants Rooms, Infirmaries, and Ward for contagious diseases.

In connection with the Wards and Infirmaries are 21 spacious Airing Courts for Patients, having a cheerful aspect to the south, tastefully laid out and planted, and a Pavilion for shelter, with a seat in each.

FARMING ESTABLISHMENT.

In the south part of the Asylum property, is placed the Farming Establishment, which contains a Cow-house for 23 Cows, Calf-pens', Dairies, Piggeries, Stabling, Loose-boxes, Cattle and Cart Sheds, Slaughter-house, Cowman's residence, &c.

GAS WORKS.

Adjoining the Station on the Great Northern Railway are ranges of Buildings, comprising Engineer's residence, Gas

Works, Smith's shops, Store-sheds, and a large Shed having a turntable and rails from the Railway, by which Goods are at once brought to the Asylum; and at the end of the Shed is the Weigh-bridge, which serves for road as well as railway waggons.

CHAPLAIN'S RESIDENCE.

The Northern and Eastern sides of the property towards the Great Northern Railway are bounded by a brick wall. At the Western side is the residence of the Chaplain, having a garden attached, enclosed with an oak fence.

The style of architecture adopted for the Asylum is the Italian, having brick walls and stone rustic quoins, strings, cornices, and window and door dressings.

It was originally contemplated that the Building would only be required for 1,000 Patients, but its extreme length is 1,883 feet 8 inches, (or something more than the third of a mile) and the width of the Galleries 14 feet, so that the Asylum is, in fact, capable of being made eventually to accommodate, with careful arrangement, from 1,300 to 1,500 Patients.

The Colney Hatch Station, on the Line of the Great Northern Railway, adjoins the Asylum, from which there is a siding for the use of the Establishment.